AdKins December 13 ma Roll

		1-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE O L	o.
4		(TYPE	Leonge !	1 000		26. DATE OF DEATH  DECEM 6.  6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR  BER 26 1982 0845 M  IT UNDER I YEAR # UNDER 24 HIS  MONTHS DAYS HOURS MIN.
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ng physician banpapers, removal.			PART I DEATH WAS CAUSE	DBY Control	Tellier		METWEEN CONFT AND DEATH
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. Se e e	2	RTIFICA				YES NO K	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ading physics of the control of the	9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED	TH HOUR A.M. MONTH DAY YI  P.M.  21e. PLACE OF INJURY	19 21f. LOCATION	CITY OR TO	
Afte as adh			22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no	December 25 19 82	_, and that in (my) (aur) apinion (	to <u>Desember</u> death accurred an the d	ate and haur and from the causes stated
Jene ho the hose detached be detached a State Dept	7		276. SIGNATURE  RAYMAL M  27d. PHYSICIAN'S NAME (TYRE O	yw M.D.	ATTENDING	MEDICAL STA	FF 12/26/FL
TO FUN	4	23a. E	URIAL, CREMATION, REMOVAL	M. 7000 236. DATE 23c. NAME (	PINEBLUFF OF CEMETERY OR CREMATORY	23d LOCATION	500ny, Md 21801
BP AH - 16 50M 4/8 (VRA 15, 4)	B2	24 F	INERAL DIRECTOR  TEN + BOUND	SALIS LOORES MA	121801 DEC	MANUEL REGISTRAN	A LANCAS EN Pa.  THE REGISTRAPS SIGNATURE  TO LINE LE CONNECTE DE LA CONNECTE DE
-	retained by the hospital or attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbompopers. Permit the State Dept. of Health and Mentral Hygiene prior to burial, creation, a removal.	retained by the hospital or attending physician.  10 FUNERAL DIRECTOR. After this certificate has been signed by the othending physician and completely filling in by the transmitted of the places of the burial-transit permit. Then please remove carbonapopers. Pages Cand 2 should be detached for use as the burial-transit permit. Then please remove carbonapopers. Pages Cand 2 should be filled within 72 transmitted burial, cremation, or removal.  MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, themselfical example.	retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by it formation and should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages Tond 2 should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages Tond 2 should be falled in the Tong the prior to burial, cremation, or removal.  IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, themedical examination of the plant of	To Environ to other properties of the most of the post	The Country of the Co	THE REGISTAR RESIDENCE (STATE OPPOSED)  TO BETTHER ACE (STATE	1 - STATE REGISTRAR  1 - DECEASED NAME (IMPLOPMENT)  1 - DECEASED NAME (IMPLOPMENT) (IMPLOPMENT)  1 - DECEASED NAME (IMPLOPMENT) (I

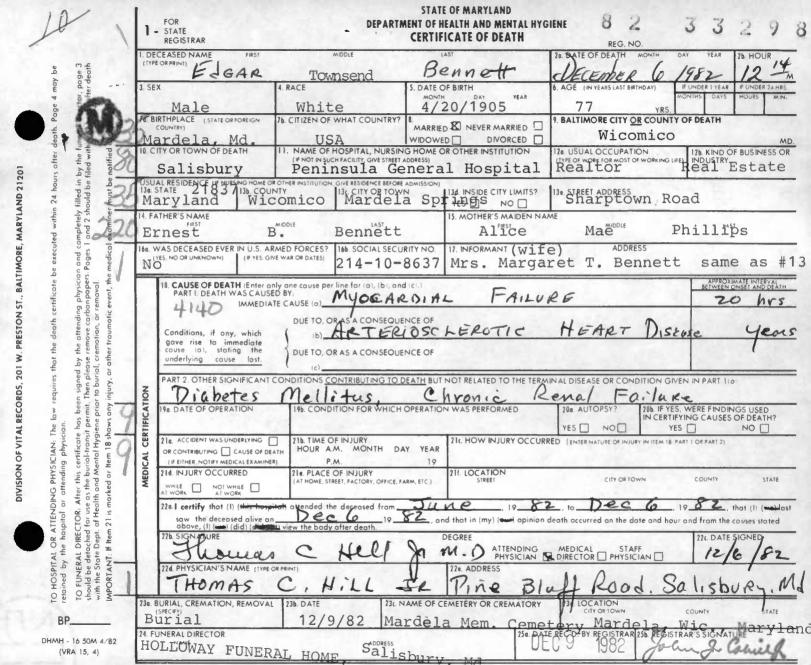
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Marvel-Short Funeral Home Delmar, De

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

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the attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL H	YGIENE Ö	REG. NO.	S S &	7 7
		CEASED NAME	FIRST	N	IDDLE	ł	AST	2a DATE OF	DEATH MONTH	OAY YEAR	26 HOUR
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~(4	3. SE)	X		RACE		5. DATE C		6. AGE (INYE	RS LAST BIRTHOAY)	IF UNDER 1 YEAR	
		FEMALE		CAUCE	15/070	MONTH 9	9 09	7	3 YR		HOURS MIN.
3		RTHPLACE (STATE OR FOR POUNTRY)	REIGN 7b		VHAT COUNTRY	/? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED		ECITY OR COUN		WC
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1		AL RESIDENCE (IF NURSINGSTATE	COUNTY		13c. CITY OR TO		13d. INSIDECITY LIMITS?	130. STREET A	BRYA	NAJE	
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2		VAS DECEASED EVER IN YES, NO OR UN NOWN)	U.S. ARME (IF YES, GIVE W		220-34	1-9672)	MAS HARRY C	OULBOURN	ADDRESS 912 E POC	- MARKE	md.
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		Canditians, if any, gave rise to imme cause (a), stating underlying cause	ediate	(b) DUE TO, OF	AS A CONSEO	UENCE OF		Guar	5 October	,	
	NOI	PART 2 OTHER SIGNI	FICANT CO	NOITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE		or Condition	GIVEN IN PART I	a.
7	CERTIFICATION	19a. DATE OF OPERATION	ON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES [		YES, WERE FINDI RTIFYING CAUSES YES [	
9	_	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTERNATI	IRE OF INJURY IN ITEM	18 PART I OR PART 2)	
1	MEDICAL	21d. IN JURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC )	211. LOCATION STREET	DE CO	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (saw the deceased abave, (1) (we) (die	alive on_		19	, a	, 19 nd that in (my) (aur) apinio	, ta an death accurred	an the date and		causes stated
		22h SIGNATURE					DEGREE			22c DATE	SIGNED

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should be detached for use as the burial-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, or TO FUNERAL DIRECTOR: After this certificate hos been

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

DHMH - 16 50M 4/82

JOSEPH C. CREMATION, REMOVAL 23b. DATE

23C NAME OF CEMETERY OR CREMATORY

330 LOCATION
CITY OF TOWN

SEP LIA

ATTENDING PHYSICIAN

CIVIC AVE,

-6-8z

(VRA 15, 4)

FITZGERALD, M.D.

108 WILLMASSO. DATE BERLIN

22. ADDRESS

MEDICAL STAFF

SALISBURY, MD.

BY REGISTRAR 756 POGISTRAR

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6	1.	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	GIENE 8 2	<b>3</b>	3 3 0 1
oge 3 death	(TYPE	CEASED NAME JOHN		MIDDLE		ckshire		MONTH DAY 12 16	1982 1/45 M
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• Wy9	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY) UNKNOWN	USA		WIDOW		BALTIMORE CITY O	_	<b>DEATH</b> MD.
s often	10 C	SALIS BULLY		H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON WINK NOW	OF WORKING LIFE)	126, KIND OF BUSINESS OR INDUSTRY
filled in rould be	130 S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	136. STREET ADDRESS HUTLOC	k, Md.	
MARYLAND ed within 24 mpletely fille ond 2 should examine mus	14. F/	THER'S NAME  FIRST  UNKNO	rwn	LAST		15 MOTHER'S MAIDEN NA	no wn		LAST
BALTIMORE, cate be execut ysician and coppers. Pages 1 val.	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	unknown		IT INFORMANT Mr. Rando,	Riverwalk		ng Home
t don's		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE 4340 IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	Cerebrol	10	hrom bose	<u>'</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on W. PRESTON ST that the death cert d by the attending is lease remove carbon ial, cremation, ar ren or ather troumatic ev		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	RAS A CONSEQUEN	(	de trioscles	10315.		years
requires en signed or to burinty, o	NOIL	PART 2 OTHER SIGNIFICANT	melli	tus					
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DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN The low requires the cattending physician.  Ifter this certificate has been signed to as the burial-transit permit. Then plea the and Mental Hygiene prior to burial, orked or Item 18 shows ony injury, or a construction or the angle of the property or a construction or the angle of the property or a construction or the angle of the property or a construction or a construction or the property or a construction or the construction or the property or a construction or the property or the property or the construction or the property or the proper	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DELIF EITHER, NOTIFY MEDICAL EXAMINER COLORED	HOUR A. P. 21e. PLACE	M. MONTH DAY	19	21c. HOW INJURY OCCUR			
DING PE or attent After the e as the aith and marked a	ME	WHILE NOT WHILE 1		REET, FACTORY, OFFICE, FA	Sen	STREET 10 80	city or to	//a 10	COUNTY STATE
RECTOR: red for us pt. of He		sow the deceased alive on above, (we) (did) (did)	1 1	16 19 8		nd that in (rep) (our) opinion	death accurred on the d	ate and hour an	
HOSPITAL OI		22d. PHYSICIAN'S NAME (TYPE O	C 7	les of	n. 1	ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN []	12/17/82
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote	230.	THOMAS BURIAL, CREMATION, REMOVAL	C . H.	ILL JR	AME OF C	Pine Blu EMETERY OR CREMATORY	Road.	Solis	bury, Md
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DHMH - 16 50M 1/76 (VR A 15 (4))	E	. M. Dashiel	l & Ree	ADDRESS	ton/		N 51983	John	& Comiet

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	1	FOR . - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE & Z	3 3 0 2
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	{ 146	Ethe:	1 M.	Brewer	December 1	9 1982 1930,
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	MONTH DAY YEAR 4/8 /02	80 YRS.	MONTHS DAYS HOURS MIN.
21	7a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
80	W	. Virginia	USA	WIDOWED NORCED	□   Wicomico	MC
3,		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
50		Salisbury		General Hospital	Housewife	tite, indoorky
21	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BI			
C			omico Salis		Rt. 6 gion B	. b
20	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
10		William	H. Paint er	Ida_ L	Maghee	
1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	ADDRESS	
1		Ma	23218	7017 Ina Kent	on Milford	Delaware
		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b)	, and (c).	1	BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (0) Acut	Myocardul	Infaretion:	
		4100	DUE TO, OR AS A CONSE	QUENCE OF	//	
		Canditions, if any, which	(b)	Coronary athe	ensdeross.	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF		
	1	underlying couse last.	(6)	GOETACE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
5	CERTIFICATION	plype	etousion, Ca	erdes megaly C	ougenue Vala	ul -
0	N S	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	100 AUTOPSY? 10b. IF Y	ES, WERE FINDINGS USED FYING CAUSES OF DEATH?
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0	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
7	3	(IF EITHER, NOTIFY MEDICAL EXAMIN	CAIN	19		
-	MEDICAL	21d INJURY OCCURRED	216. PLACE OF INJURY	ZII. LOCATION	CITY OR TOWN	COUNTY STATE
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		220.1 certify that (I) (this has	pital) attended the deceased fro	m, 19	, to	, 19, that (I) (we) las
		saw the deceased alive a above, (1) (we) (did). (did).	not) view the body often death.	9, and that in (my) (our) opin	ion death accurred on the date and ha	our and from the causes stated
		22b. SIGNATURE	1.10	DEGREE		220 DATE SIGNED
		10	us James	ATTENDING PHYSICIAN	MEDICAL STAFF	12/19/8
	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	220. ADDRESS		
1		BAL.	AGARWAI_	PGH	IME Salist	my Md 2180/
	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	3C NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	
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2	24. F	UNERAL DIRECTOR	16/60/02	Hollywood Poor	DATE REC'D. BY REGISTRAR TO REGIS	
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	1			STATE OF MAKTLAND	1° 3	2 99 99 73 3
6 8	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 3 0 4
		CEASED NAME FIRST	WIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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d deol deol	- 05					IF UNDER 1 YEAR IF UNDER 24 HRS.
to was	3. SE	,	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		MALE	NEGRO	10 - 15- 1928	54 YRS.	
- i wy	70. B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	Y OF DEATH
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iter deoth he funer within 7	10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUIDSIN	WIDOWED DIVORCED IN INSTITUTION	120 USUAL OCCUPATION	MD.  12b. KIND OF BUSINESS OR
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	S	Alisbury	819 MIAMA	AUE	LABORER	
in be f	USU	AL RESIDENCE (IF JURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	La caper appear	
O Star Post	130	10	1 1 11.		13e. STREET ADDRESS	UE SAIS. Md.
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4 2 de 1	19. 17	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
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W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the deoth certificate be executed within 24 hours of the attending physician and completely filled in by se remove corbanpopers. Pages 1 and 2 should be fill cremation, or removal.		WAS DECEASED EVER IN U.S. AR		IRITY NO. 17 INFORMANT	ADDRESS	
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DIVISION OF VITAL RECORDS, 301 NG PHYSICIAN: The low requires th ottending physician. Ifter this certificate has been signed to sthe burial-transit permit. Then plea th and Mental Hygiene prior to burial orked or hem 18 shows any injury, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	VEN IN PART 1(0)
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Was per 1	三	18073.73				IFYING CAUSES OF DEATH?
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IC PHYSK offending ter this cer s the buries of the derivative of	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CHI OK IOWI	STATE
			ital) attended the deceased from_	10/16 10 82	12/21	. 19 24 that (I) (we) lost
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OR A DIRECT DERECT DERECT DERECT DEPT.	1	226. SIGNATURE	5/	DEGREE		22c. DATE SIGNED
	1	parel 1	( Cowold	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	142/1820
= 0 11 0 10 4		226. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e. ADDRESS	Division St	1 1
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7 7 7 7 7	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c f	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY STATE
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DHMH - 16 25M	24. F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATION
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-	sex Ma	le W.	nite	9 16	3 <sup>YEAR</sup>	6. AGE (IN YEARS LAST BIRTHDAY) 50 YRS.	IF UND		JNDER 24 H	PRONC	ATE DUNCED AD	12-	16-8	YEAR	2d. H
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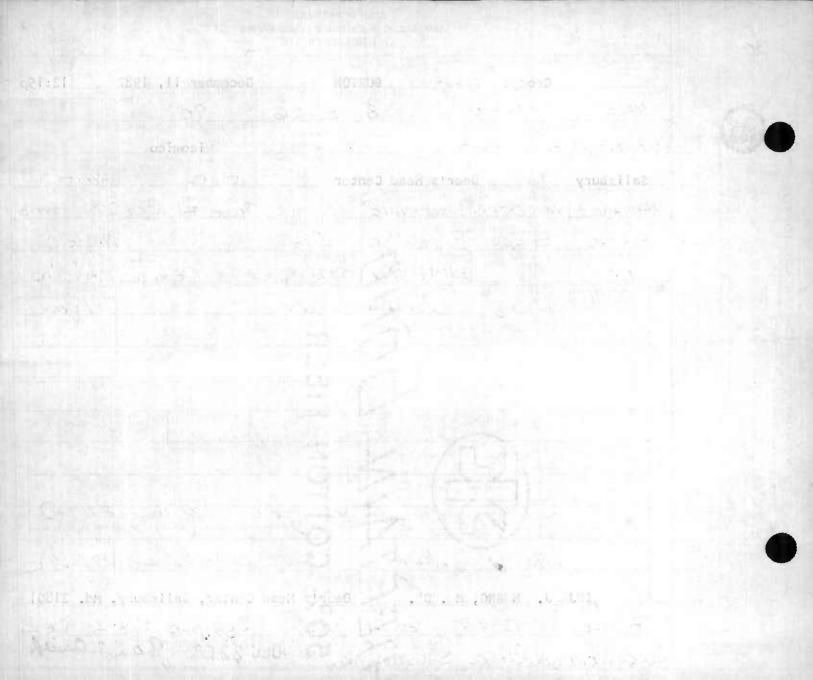
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	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.		
	ECEASED NAME FIRST	WIDDLE	LAST	2a. DA	TE OF DEATH M	ONTH DAY YEAR	7b. HOUR
		eorge EDGAR	BURTON	Dec	ember 11	. 1982	12-150
1, 58		1 RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	
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	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY?	RRIED 9 BAL	TIMORE CITY OR	COUNTY OF DEATH	
SE	LBYVILLE, DELA.	U.S.A.	WIDOWED NO	RCED [	Wicomi	co	M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTIT		SUAL OCCUPATION  of york for most of v		OF BUSINESS OF
-	Salisbury	Deer's l	lead Center	le le	etired		pres
30	STATE US COL	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR T	OWN 13d INSIDE CIT	LIMITS? 13e. ST	REET ADDRESS	0	
	ARYLAND WOI	CESTER BISHO	17-00		1te #1,	150x 279	21813
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S A	MAIDEN NAME	MIDDLE	val.	LAST
	George E	DGAR Burto	ON JR, EV	4		VVAL	ters
	WAS DECEASED EVER IN U.S. A JES. NO ORUNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17. INFORMAN	T	ADDRESS	Rt. Ba	DX 61
	NO	721-14	-4896 EDNAC	ropper	Be	erlin, MAY	YLAND
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	QUENCE OF		AUTOPSY?	TION GIVEN IN PART  206 IF YES, WERE FINE IN CERTIFYING CAUS  YES	DINGS USED
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 210 HOW INJU	RY OCCURRED (EN	ITER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M.	19				
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE, FARM ETC.) 211. LOCATION		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this has	pital) attended the deceased from 2000 points in the body after death.	DEGREE ATT	ENDING MED		1 /12	that Ni (we) land the causes stated
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS				~
	L ALVI	HWANG. M . D	Deerle	Head Cen	ter Sal	isbury. Md	. 21801
23a E	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CR		LOCATION	I SUUL Y MU	<u> </u>
	BUCIAL	12-18-82	GOLDEN ACres	Se	2/DUVILLE	SUSSEX	De Tale
24. FI	UNERAL DIRECTOR	At Bt	2 Jossev Rd.		BY REGISTRAR 25	REGISTRAR'S SIGN	PURE 1
130	Ollei Memoria	L Chapel SAL	is bury, Md.	DEC 2	2 1982	John of	saucy.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Oley Memorial Chapel

TO FUNERAL DIRECTOR. After this certificate box besitionald be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiens pro



STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

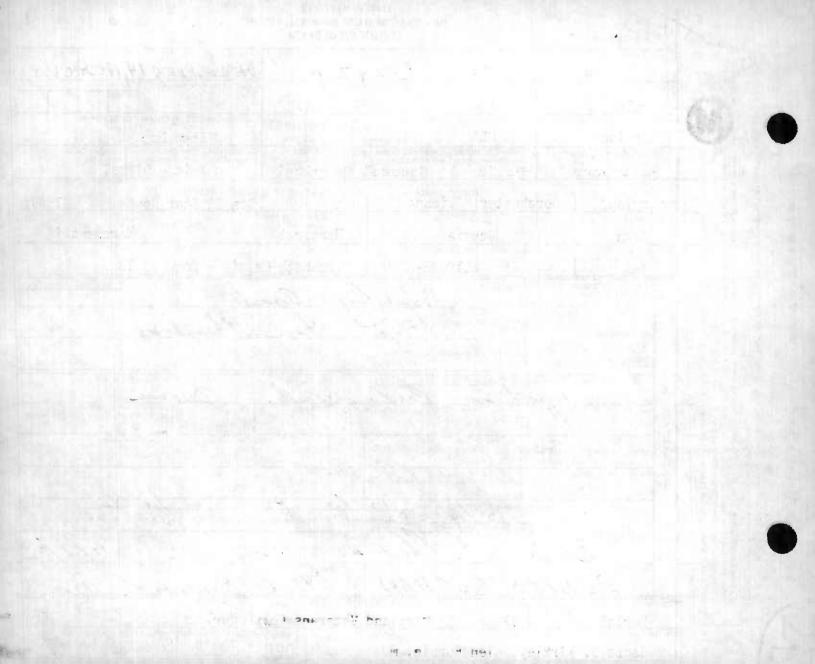
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-EDWIN W. COOK DEATH MATED 4. RACE 5. DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR, IF UNDER 24 HRS 2d HOUR DATE AST BIRTHDAY PRONOUNCED 11 Male White DEAD 06-07-21 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Maryland Wicomico WIDOWED [ DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Peninsula General Hospital Cable Splicer- C A 3. RETAIN PA 2 SHOULD BE F Salisbury & P Tel. Co. USUAL RESIDENCE LIF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 30. STATE 13c CITY OR TOWN 233 Cap 13d. INSIDE CITY LIMITS? Anne Arundel Annapolis St. John Rd. Cape Md. NO I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lillie Joseph Cook Mae Emmart 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IT. PAGES 1. DIVISION YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-18-5017 WW II Cora E. Cook (same as 13e) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Coronary Occlusion munus s IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 4 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORR PACE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATT DEPARTMENT O BALLIMORE, MARYLAND, 21201 PRIQF TO BUR YES -NO X 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection X 270. I certify that I took charge of the remains described above, held on Autopsy Accident Undetermined manner TITLE (SPECIFY) 12-3-82 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. Earl Royer, M.D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery Burial 12-07-82 Crownsville, Anne Arundel, Md. BP 24 FUNERAL DIRECTO **DHMH-17** Funeral Home, 1212 West St., Anna., Md. (VR A15 ME (5) 15M 2/80

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160. WAS DECLASED EVER IN U.S. ARMED FORCES? 1160. SOCIAL SECURITY NO. 117. INFORMANT 118. CAUSE OF DEATH Enter only one cause per line for (a), (b), and icity PART I. DEATH WAS CAUSED BY: 118. CAUSE OF DEATH WAS CAUSED BY: 119. DIATH WAS CAUSED BY: 119. DIATH WAS CAUSED BY: 110. DUE TO, OR AS A CONSEQUENCE OF 110. Conditions, if any, which gave rise to immediate cause ic), stating the underlying couse last. 110. DUE TO, OR AS A CONSEQUENCE OF 110. DUE TO, O	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:    19 DEATH WAS CAUSED BY:		FATHER'S NA	ME	0		D.1, 21		2 LAST
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SE SULMINION EMPLOYEE AND AS CVD  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FIFTHER MOTHER	The Date of Operation 19b condition for which operation was performed 20e autopsy? 19b. If yes, were findings used in certifying causes of death yes no 21e. Accident was underlying 21e. Acci	<u>£</u>	1 Ungerlyin	9	( 10)				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  211 LOCATION  CHEET  CITY OR TOWN  COUNTY  STA	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. NOT WHILE AT WORK NOT WHILE CALL WARK  AT WORK NOT WHILE CALL WARK  AT WORK CAUSE OF DEATH  HOUR A.M. MONTH DAY TEAK  19  21d. LOCATION  STREET  CITY OR TOWN  COUNTY  STA	r, or oth		THER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN F	PART Ita
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216. PLACE OF INJURY 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. STREET CITY OR TOWN COUNTY STA	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	shows any injury, or	PART 2.0	OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED  116 HOW INJURY OCCUR	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH'
	AT WORK	Hygiene prior to buria 18 shows any injury, or	PART 2 OF THE COLUMN ACCIDE	OF OPERATION  ENT WAS UNDERLYING  BUTING  CAUSE OF DE	218. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED  AY YEAR 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH'
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sow the deceased alive on 19 , and that in (my) (our) apinion death occurred on the date and hour and from the causes state obove. (1) we is additional view the body after death.  DEGREE  ATTENDING MEDICAL STAFF  22c. DATE SIGNED	DEGREE ATTENDING MEDICAL STAFF 226. DATE SIGNED	Figure 21 is marked or them 18 shows any injury, or	PART 2 OF THE 2 OF THE PART 2 OF THE 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF TH	ENT WAS UNDERLYING  BUTING CAUSE OF DEA NOTIFY MEDICAL EXAMINET  Y OCCURRED  NOT WHITE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, strol) attended the deceosed from 19	AY YEAR 19 211 LOCATION STREET , 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the do	20b. IF YES, WERE IN CERTIFYING O YES  YIN ITEM 18. PART 1 OR WN CO	PART 2)  that (1) (we rom the causes state
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LAST DELMAR. MD. R APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Deer's Head Center, Salisbury, Md. 21801 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION NEAR PARSONSBURY, MD STATE 12/16/82 MELSON CEMETERY BURTAI 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WILSON FUNERAL HOME ASALISBURY. MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

2b. HOUR

HOURS

17b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

ONTHS DAYS

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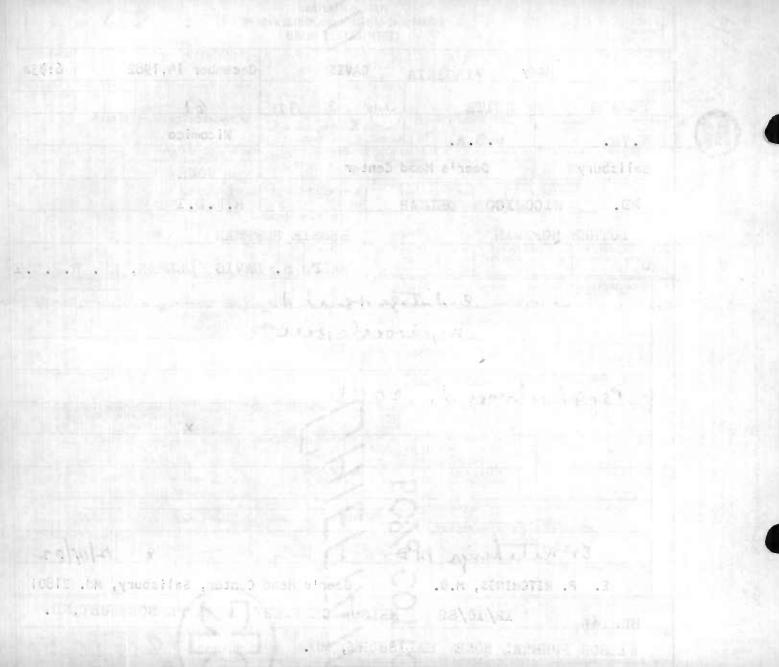
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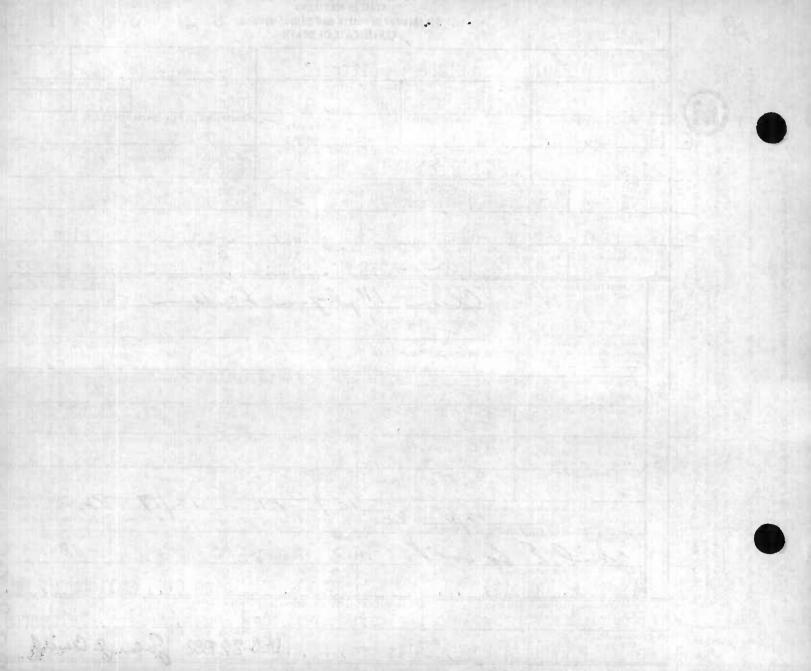
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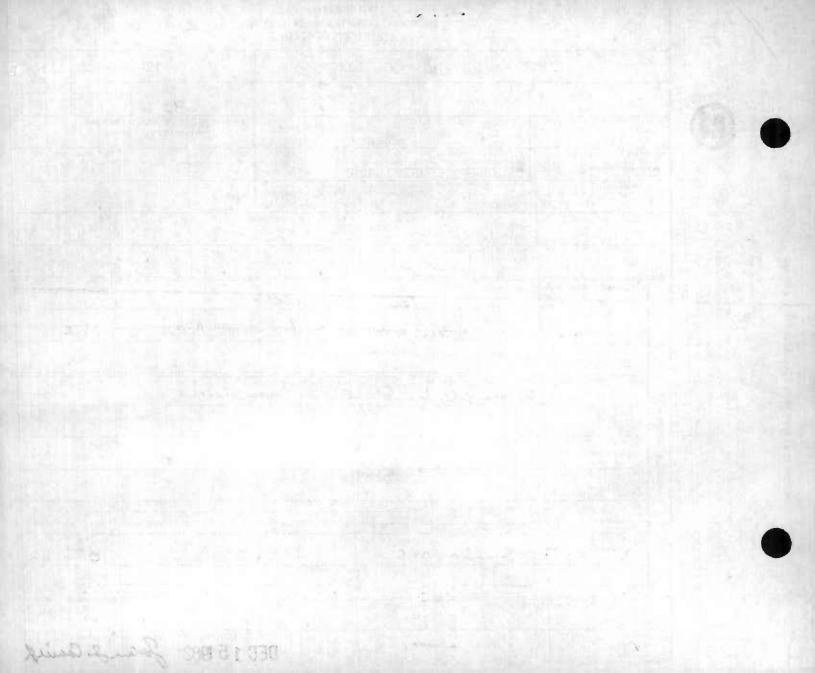
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Funeral





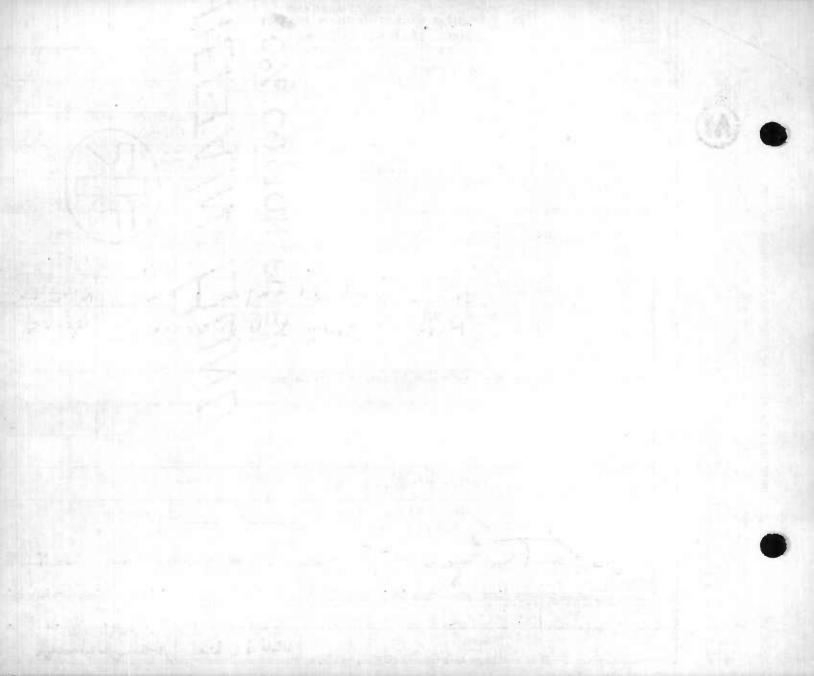
STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			STATE OF MAR NT OF HEALTH AN CERTIFICATE O	ID MENTAL HY	GIENE 8 2	3 3 3	1 5
n 4		CEASED NAME FIRST	WIDDLE		LAST		26. DATE OF DEATH MONT	TH DAY YEAR	26. HOUR
eot		Littlet			DRYDEN		Dec. 7.	1982	71/3M
	3. SE	Male	4. RACE White		MONTH DA		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
18 35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA		MARRIED NEV		BALTIMORE CITY OR CO	OUNTY OF DEATH	MD.
by the filed with		TY OR TOWN OF DEATH Salisbury	11. NAME OF HOSP (IF NOT IN SUCH FACE Deer's F	LITY, GIVE STREET AD	ORESS)	NSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  OWNER	KING LIFE) INDUSTRY	OF BUSINESS OR
should be in should be in a should b	USU.	AL RESIDENCE (IF NURSING HOMEO STATE 13b. COUL - 21817 Some	OTHER INSTITUTION GIVE R		MISSION)	E CITY LIMITS?	130 STREET ADDRESS 203 Main St.		
F) \$10		Carroll	WIDDLE	ryden		er's maiden na first Mattie	WIDDLE	Horsey	AST
medical N		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GI YES WW	VE WAR OR DATES	5-07-24			den - same as		DXIMATE INTERVAL N ONSET AND DEATH
Then please remove carbanpaper to burial, cremation, ar remaval. injury, or other traumatic event, it	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  CONDITIONS CONTR	a CONSEQUEN	CE OF	2 lun	MINAL DISEASE OR CONDITION	IN GIVEN IN PART 1	MOS
Mental Hygiene prior or Nem 18 shows any i	CERTIFICATION	19a DATE OF OPERATION		FOR WHICH O	PERATION WAS PE		YES NO NO	IF YES, WERE FIND CERTIFYING CAUSE YES	
Aental Hygis Mental Hygis or frem 18 sho	MEDICAL CE	71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJURY IN IT	EM TB PART T OR PART 2)	
ked	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF IN (AT HOME, STREET, FA	JURY ACTORY, OFFICE, FAR	A ETC ) 211 LOCA	ATION	CITY OR TOWN	COUNTY	STATE
Dept. of He If Item 21 is		22e.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	of) view the body ofter	19	DEGREE TUI MI-	ATTENDING [	death occurred on the date or  MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the	that (I) (we) last e couses stated E SIGNED
should be det with the State IMPORTANT:		Nancy W. Tust	in, M.D.			's Head	Center; Salis	bury, Md.	21801
, , , _		Burial, CREMATION, REMOVAL SPECIFY) Burial	12-10-82		ME OF CEMETERY O	emetery		Somerset	STATE MD
6 50M 4/82 15, 4)		ineral director tradshaw & Sons	Cris	ADDRESS Sfield.	Md.21817	250. DA1	C 1 3 1982	ECISTRAR OSIG	will

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1	FOR STATE			PARTMENT O		ND MENTAL		3	3 3 1	6
0	REGISTRAR  1. DECEASED NA	ME FIRST		CAL EX AMI	NER'S CE	RTIFICATE		REG. NO.		
	TYPE OR PRINT)	Orpha		rice	Enn	ic	2a. DATE OF	ESTI-	TH DAY YEAR	26 HOUR
PLEASE RECTOR. IR FILES. HOURS	3. SEX	14 RACE	5. DATE OF BIRTH		YEARS IF UNDE			MATED	TH DAY YEAR	2d. HOUR
ARY, PL	Female	White	3/13/19	VEAR LAST BIDT	YRS.	DAYS HOURS	MIN. PRONOUN DEAD	Dec.		
<b>6</b> 10 10 10 10 10 10 10 10 10 10 10 10 10	Ja BIRTHPLACE FOREIGN COUNTRY Berlin	(STATE OR	76. CITIZEN OF WHA	COUNTRY?	8. MARRIED	32	RIED L	icomico		MD
SE SE SE SE	ID CITY OR TOW		11. NAME OF HOSPIT				120. USUAL OCCUI	PATION (TYPE OF WO	ORK 126. KIND OF BI	
DELAY N PAGE N PAGE PILIC SS, 20	Salisb			11a Gene		ospital	House	wife	none	KI
	Mary la	nd Wic		esidence before admi 3c. CITY OR TOWN Salisbur	4 113	AES NO C	Rt. 8,		an City	Road
F, MD.	14 FATHER'S NAM	ΛE	MIDDLE	LAST	15	MOTHER'S MAID	ENNAME	IDDLE	LAST	
ORE, MCGES 1, 20 CALLA PM 3	Samu	el Zi	mmerman	Bean		Mary	Flore		Rayman	
STON ST., BALTIMORE. N. 24 HOURS, AFTER DEA NI ITEM 18. GIVE PAGES ALONG WITH FORM, PAGES 1 AN PYGIENEL, DIVISION OF	160 WAS DECEAS (YES, NO, OR UNK) NO	ED EVER IN U.S. ARA NOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES)	166. SOCIAL SECUP		Mr. Geo	(son)	ADDRESS BOX nnis, Sa	175, Rt.	8 Md
STON ST., E V 24 HOURS V ITEM 18. O IT PERMIT. F YGIENE, DII	18 CAUSE PARTIC	DEATH WAS CAUSED	y ane cause per line fa BY: E CAUSE (a)	r (a), (b), and (c).)	ard!	al II	terct	iow	BETWEEN ONSE	T AND DEATH
PRESTO THIN 24 CIL IN III THYGI AL AL HYGI REMOV.		ians, if any, which	DUE TO, OR AS	A CONSEQUENCE	EOF	se Ci	U. Dist	xse.	gazv	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM, PM. 3. RETA 3F. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO PROPERTIAL TO FHEALTH AND MENTAL HYGIENE, DIVISION OF MAIL PECON TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	cause (	a) stating the under-	DUE TO, OR AS	A CONSEQUENC	E OF					
RECORDS  D BE EXECTOR DING  ENDING  MEDICAL  AS A BU  CREMAT	Z	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TO	RMINAL DISEASE OF	CONDITION GIVEN IN P	ART 1 (a)			
AITAL RI SHOULD DRD "PR CHIEF A E USED. T OF HE URIAL,	19a. DATE C	OF OPERATION	196. CONDITIO	N FOR WHICH OP	ERATION WAS	PERFORMED?			20 AUTOPSY YES	? NO 🗹
PN OF V	UNDERLYIN CONTRIBU	NAL CAUSE WAS IG OR TING CAUSE OF E	21b. TIME OF IN HOUR A.M. A PEATH P.M.		AR 21c. HOW	/ INJURY OCCURR	ED LENTER NATURE OF IN	URY IN ITEM 18 PART 1 C	R PART 2)	
BIVISION OF VITAL REC MNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN PE CRWARDED TO THE CHIEF ME OTOR: PAGE 3 SHOULD BE USED AS H THE STATE DEPARTMENT OF HEAL ALAND, 21201 PRIOR TO BURIAL, CR	UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK	71e PLACE OF STREET, FACTORY	INJURY (AT HOME,	211 LOCA STRE		CITY OR TO	WH	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CELEKEUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	77a I cer death resu		e of the remains describ		Autapsy Suicide .	Hamicide .	Undetermined mo	and in my	y apinian	
CAL EXC THE CER SHOULD SATH, W ATH, W	ACTUAL SIGNATUR	Sa	ft h		M.D.	Deputy	MEDICAL EXAM	INER SIC	TE 12/	7/82
O MEDI XECUTE A AGE 4 O F FUNE	EXAMINER'	RINT)Ear					Camden A	Ve., Sa	lisbury,	MD.
	(SPECIFY)	ATION, REMOVAL 2		23t. NAME OF C			23d. LOCATION			TATE
BP	Buria 24. FUNERAL DIRI			rorest	Grove	e Cemete	REC'D. BY REGISTRA	SONS DUTO	S SIGNATURE	Md.
DHMH-17 (VR A15 ME (5) ) 15M 2/80	- NAME		AL HOME,	Salisbu	rv. Ma	NFC	1 0 1982	John	J. Course	R
	- NAME		AL HOME,	Salisbu	rv. Me	ÜEC		John	J. Court	1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Raymond DEATH MATED Bannister Gill 4. RACE 24 HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED 2/28/1925 Male 5 7ps White Dec. 182 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Richmond, Va. USA WIDOWED | DIVORCED Wicomico ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salisbury Glen Ave. Insurance underwriter Rt. 7, Glen Ave. Extd. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Wicomico Salisbury B. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S. DIVISION OF MITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clair R. Bannister Judy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT ADDRESS (wife) (YES, NO, OR UNKNOWN) 223-28-7821 Mrs. Elizabeth B. Gill WW same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (a)\_ vears DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Chronic Obstructive Pulmonary Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES NO X 2 In EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 218 PLACE OF INJURY (ATHOME 2Tf. LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE D NOT WHILE 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Matural causes X Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNATURE L. Royer, M.D. 409 Camden AVe., Salisbury, MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Salisbury, Wic., Maryland 12/28/82 Wicomico Mem. Park BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** Holloway Funeral Home, Salisbury, (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME AKA PLOURIE SOPHINA GOODWINE LAST 20. DATE KNOWN TE MONTH 7h HOUR (TYPE OR PRINT) ESTI-FLORINA S. GOODWINE DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE VEAD LAST BIRTHDAY) Female Black PRONOUNCED 12-11-82 69 13, PR DEAD Ta RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X VIRGINIA U.S.A. Wicomico WIDOWED [ DIVORCED IN CITY OR TOWN OF DEATH LE NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SCHOOL Poninsula General Hospital STUDENT Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 130 STREET ADDRESS 161 130 STATE Atlantic ACCOMACK 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FLOYD MILBOURNE LAST WILLIEMEANIA GOODWINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS NO NO, OR UNKNOWN) NONE WILLIEMEANIA GOODWINE ATLANTIC, VA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bullet Wound of Brain CAVS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗀 NO A OR TO BUI 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2:30 12-5-82 UNDERLYING OR Accidentally shot by brother. CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH, THE STATE DE BALIJMORE, MARY CAND 7 27201 P own home WHILE AT WORK Va. Box 161, Atlantic. 220. I certify that I took charge of the remains described above, held an Inspection X Accident X Minural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-13-82 Deputy MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl L. Royer, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY STATE 12-18-82 St. John Methodist Atlantic, VA BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE **DHMH-17** C.C. Humbles, Box 176, Accomac, Va. (VR A15 ME (5) 15M 2/80

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	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	3 3 3 1 9
e 4 may be ctar, page 3 coffer death		CEASED NAME PRIST	e bevi A. RACE	GUSLEE  S. DATE OF BIRTH  MONTH  DAY  YEAR  9 - 10 - 09	20. DATE OF DEATH  DECEM  6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR  BL- R 30 1912 2 145PA  THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
M		ShArptown N	b. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	
1 180	S	alisbury	Peninsula Ge	eneral Hospital	170 USUAL OCCUPATI	
hin 24 ha iy filled is thould be	13a. S	AL RESIDENCE (IF NURSING HOME OR C	TY 13a. GITY OR TO COMICO MANAGE		13e. STREET ADDRESS	307440
e executed with n and complete Pages 1 and 2 medical examin	160 V	THAPLES BYAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SE WAR OR DATES)	LEE ANNIE COURTY NO. 17 INFORMANT	Brown ADDRE	SS MArdeLASPA
es that the death certificate be and by the attending physicial please remove carbon appers. vial, cremation, or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Order or is to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	AINAI DISEASE OR CONI	DITION GIVEN IN PART LIST
The low require icion. The hos been sign is permit. Then giene prior to buy shows only injury,	CERTIFICATION	19s. DATE OF OPERATION		"H OPERATION WAS PERFORMED	Me AUTOPST? YES □ NO□	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: nding physic entification is burial-trail Mental Hysician is a confirmation or from 18	MEDICAL CER	THE ACCEPT WAS LINDERLYING OF CONTRIBUTING CAUSE OF DEAT OF FUTURE, INCIDENT MEDICAL EXAMINERS STATE OF CONTRIBUTIONS OF CONT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (A) HOME STREET FACTORY OFFICE	19 211 LOCATION	RED (EMILE MATURE OF MOUNT CITY DATO	
DIN or Aft		22s.1 certify that (I) (this hospital	all attended the deceased from		2 to /3	19 8 , that (II (we) la
0 = 0 00 4	1	tow the decemend often on the sound of the s	view the body offy death	DEGREE ATTENDING PHYSICIAN	MEDICAL STATE	
TO HOSPITAL OR A retained by the hos, TO FUNERAL DIRECthough the State Dept.	(	(well (did) (did not	PRINTY OURLL,	DEGREE ATTENDING	MEDICAL _ STAN	IN DATE SIGNED

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	1	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLEALTH AND	MENTAL HYG		REG. NO.	3 3	3	2 1
y be ge 3 leoth		CEASED NAME E OR PRINT)	Hilda	An	na		REEN		20 DATE OF DE	ber 27			12 40 AM
	3. SE	female		white		S. DATE C		.926	6. AGE (IN YEARS		) IF UNDE		IF UNDER 24 HRS HOURS MIN.
Wiss	1	IRTHPLACE (STATE OR FO COUNTRY)  Dorcheste:		CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED T	9. BALTIMORE WICOM	CITY OR CO		ATH	M
s after by the fulled with		alisbury	TH 11		OSPITAL, NURSIN HEACTHY GIVESTREE S HEAD C		R OTHER INS	TITUTION	120. USUAL OCC	CUPATION R MOST OF WOR CET-S	eafoo	KIND OF	BUSINESS OR Cking
filled in nould be removed be		AL RESIDENCE (IF NURSIN STATE Md.	13h COUNTY		13c CITY OR TOW	'N	13d. INSIDE C	ITY LIMITS?	13e STREET ADD	DRESS			
ompletely ond 2 st	14 F.	Richard	P		Wingat	e		s MAIDEN NAM		IDOLE	R	eeve	s
in and co. Pages 1		VAS DECEASED EVER II YES, NO ORUNKNOWN)	N U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU	irity no.	Jeff		Green	Bis!	hop H	ead	Md.
res that the death ce gned by the attending in please remove corb burial, crematian, or rr ry, or ather troumatic.	-1	Conditions, if any, gove rise to immicouse (a), stating underlying cause	ediote g the lost	(b) DUE TO, OR	R AS A CONSEQUI R AS A CONSEQUI	ENCE OF	NOT RELATED	TO THE TERMI	nal disease o	r conditio	DU GIVEN IN	PART Na	
on. has been si t permit. The ene prior to ows ony injur	CERTIFICATION	190. DATE OF OPERATI	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	DRMED	200 AUTOPS		IF YES, WERE CERTIFYING O	FINDING	GS USED OF DEATH?
PHYSICIAN: T tending physici in this certificate the burial-transfand Amerial Hygi and Mental Hygi ited or them 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	AUSE OF DEATH ALEXAMINER) ED	P.A 21e. PLACE C	w. Month di w.	19	21f LOCATK STREET	ON	ED (ENTER NATURE	OF INJURY IN IT		PART 2)	STATE
			κ —	1									
ATTENDING Pospital or atterited for use as the formuse for use for use as the formuse for use for use as the formuse for use for use as the formuse for use for		22a.1 certify that (1) ( sow the deceased above, (1) (we) (di	d alive an.		19	, or		_, 19 (our) opinion o	, to leath occurred o	n the dote or		om the co	
O HOSPITAL OR ATTENDIN elained by the hospital or of the Property of the CTOR, Afti should be detached for use as with the State Dept. of Health MPORTANT: If them 21 is mor		22a.1 certify that (1) (	d alive and) (did not) vi	iew the body	19	, or	DEGREE	(our) opinion of		STAFF	nd hour and I		ouses stated

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD.

12/31/82

23a BURIAL, CREMATION, REMOVAL (SRECIFY) DUrial

St. Thomas Churchyard Bishop Head Dor.

23¢ NAME OF CEMETERY OR CREMATORY

NUMBER OF THE PARTY OF THE PART					
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2	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 2 3 3 3 2 3
y be ath	(TYI	CEASED NAME FIRST (E OR PRINT) RALPH	WILLIAM Hammond Dec	REG. NO.  OF DEATH MONTH DAY YEAR 126. HOUR  CENTEDER 22, 1982 0230 M
96 4 M	3. SI	Male	4. RACE S. DATE OF BIRTH ONLY I GAR IN	YRS.
od ho	70.8	INTHPLACE (STATE OR FOREIGN	MARRIED NEVER MARRIED	ORE CITY OR COUNTY OF DEATH COMICO MD.
s after d		alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUA	L OCCUPATION ORK FOR MOST OF WORKING LIFE) INDUSTRY
24 hours filled in k auld be fi	USU	AL RESIDENCE (IF NURSING HOME OR STATE 1136, COUN	OTHER INSTITUTION GIVE RESIDENCE REFORE AGAISSION)	TADDRESS BOX 68
mpletely ond 2 sh	) V	ATHER'S NAME VILLIAM A	MIDDLE RT HAMMOND MARY MAKE	THA LEWIS
e execute		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT/ E WAR OR OATES) 218 07 0261 DARLENE LA	ADDRESS SIXTY FOOT ROAS
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours or rottending physician.  Tottending physician.  Totten in scerificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove carbonappers, Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, ar remaval.  Total Amental Hygiene prior to burial, cremation, ar remaval.		PART I. DEATH WAS CAUSE	July one couse per line for (n), (b), and (c).  D BY:  FE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	BETWEEN ONSET AND DEATH
he law requires to a new requires to a new has been signed to permit. Then ple ene prior to burior ows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AU  YES T	TOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The anding physicia this certificate be burial-transit and Mental Hygie dar Item 18 sha		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
NDING PHYS all ar ottendin  R: After this c use as the bur dealth and Me is marked ar H	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
HOSPITAL OR ATTEND inted by the hospital or FUNERAL DIRECTOR. A wold be detached for use the State Dept. of Head OORTANT. If them 21 is m		sow the deceased alive an above, (1) ((did no 22b. SIGNA V	t) view the body after death.  DEGREE  ATTENDING MEDICA	red on the date and hour and from the causes stated  22c. DATE SIGNED  STAFF  PHYSICIAN   19 that (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
BP	23a.	BURIAL CREMATION, REMOVAL	236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LO	CATION IT OF TOWN WELLYILLE WILLONICO STATED
DHMH - 16 50M 4/82	24. 1	UNERAL DIRECTOR	108 WILLIAMS ST. DEGESSA	PROJETRAPIS REGISTRAP'S MENATURE

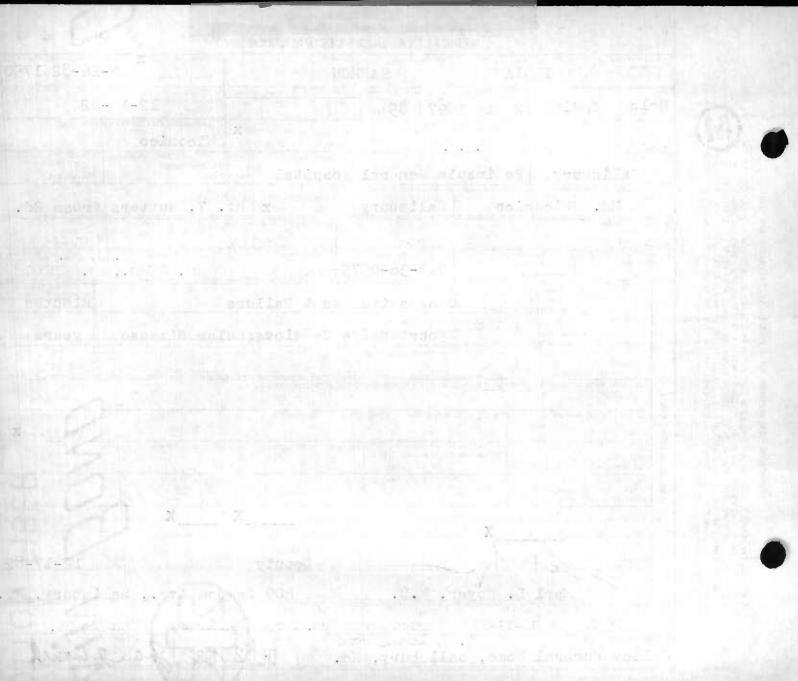
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STATE OF MARYLAND



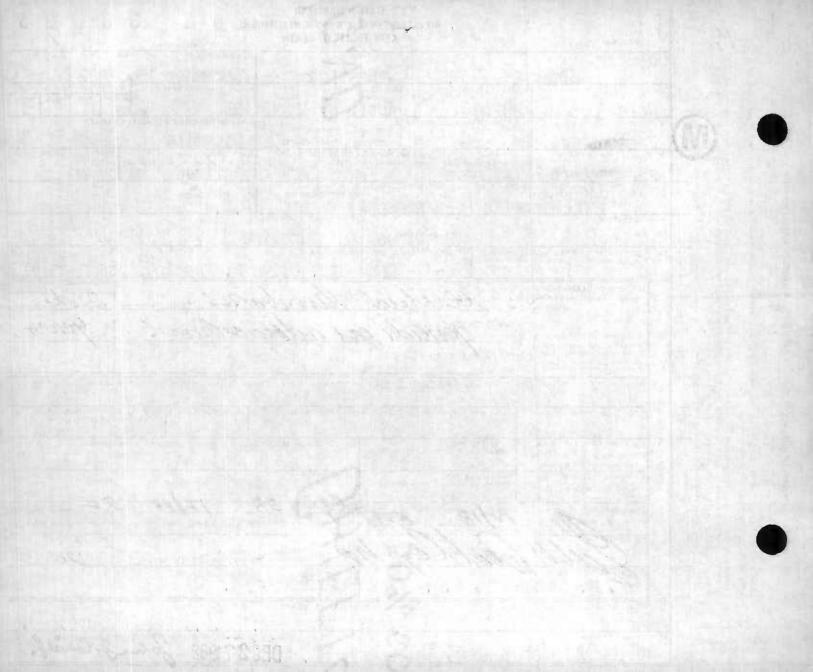
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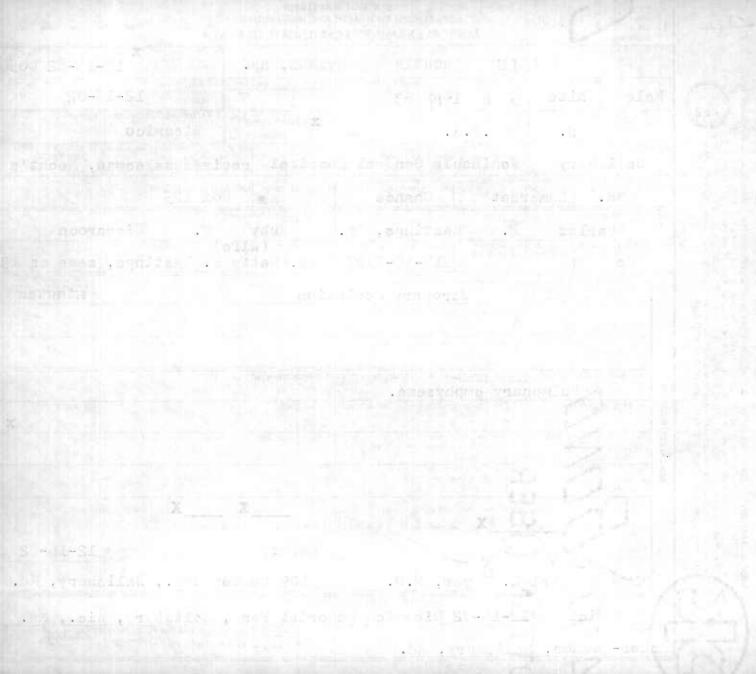
8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR TYPE OF PRINTS Flmer 4 RACE 1. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 229 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY arsonshurd WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY home Retired Poultryman Parsonsburg JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 7 8 49 1136 COUNTY 113C. CITY OR TOWN
MARYTAND WICOMICO PARSONSDUI 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Parsonsbuitges [ Box 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MICOLE Holloway evin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Hastings same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 274 INJURY OCCURRED 21st PLACE OF INJURY CAT HOME STREET FACTORY, OFFICE, FARM, ETC.) CITY OF YOWN COUNTY STATE AT WORK 22s I certify that III (this haspital) attended for deceased from d that in (my) (our) opinion death accurred on the date and hour and from the causes stated 17b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22 PHYSTEIAN'S NAME VIVE SKINT Il. ADDRESS Salisbury, Beardsley, M.D. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN (SPECIFY) Parsonsburg Grove 24. FUNERAL DIRECTOR Holloway Funeral Home, Salisbury,



20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Walter Hatton A DEATH MATED M 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR PRONOUNCEDD DATE SIRTHDAY) 79 White Male PM 7b. CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED DIVORCED X HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN 310 THE FUNED AS A BURIAL TRANSIT PERMIT. PAGES 1, 2, AND 310 THE FUNED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION ON VITAL RECORDS, 201 WAS A BURIALLY CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH ainting 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION nter (IFE) USUAL RESIDENCE WINDURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13 ASTATE 130 (134) (2011) (136) (2011) (137 13d. INSIDE CITY LIMITS? Salisbury Blvd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Mary Belle Hatton Humphreys 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Yes 0-8369 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). Arteriosclerotic Cardiovascular Disease years DUE TO, OR AS A CONSEQUENCE OF if ony, rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 00 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CHTO FUNERAL DIRECTOR; PAGE 3 SHOULD BE UATIED EATH, WITH THE STATT DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIQR TO BURI YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21. PLACE OF INJURY 21f. LOCATION (AT HOME STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE EXAMINER'S NAME ROVE Camden TYPE OR PRINT) 23d LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BP. 24 FUNERAL DIRECTOR **DHMH-17** Salisbury, (VR A15 ME (5) 15M 2/80

5	1 -	FOR STATE REGISTRAR	,DEP.	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	W 84	3 3 3 2
		CEASED NAME PIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
40	Vale	George	e Clayton	Hoffman	December 27	, 1982 1640
2	1. 5EX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(mm	M	ale	White	July 10°, 190		
MAIT	7a. BIF	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
-20		ocomoke, Md.	USA	WIDOWED XX DIVORCE		
OBerth all	10. CI	Salisbury	11. NAME OF HOSPITAL, NU (JE NOT IN SUCH FACILITY GIVE! Peninsula	orsing HOME OR OTHER INSTITUTIO STREET ADDRESS) General Hospit	N 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Salesman	126. KIND OF BUSINESS O INDUSTRY Bread Co.
100	15U A 30. S	L RESIDENCE (IF NURSING HOME C TATE 136. COU	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN   13d. INSIDE CITY LIM.		
((()			comico Sali	sbury YES□ NO□		boro Road
DEZA	14. FA	THER'S NAME FIRST	MIDDLE LAS		EN NAME MIDDLE	LAST
1840		George	Hoffm	an Martha		hayland
ico		AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT ( S	on) ADDRESS	
medic	N		212-0	3-4445 Mr. Geo	rge W. Hoffman	same as #13
notion, or remuvi			DUE TO, OR AS ACONS	EOVENCE OF Lerw Selerus	né froi	APPROXIMATE INTERVAL BETWEEN ONSEVAND DEATH  AND SEVEN DEATH  AND S
y injury, or othe	TION	underlying cause last.		neer prosts	E TERMINAL DISEASE OR CONDITION (	GIVEN IN PART IO.  YES, WERE FINDINGS USED
shows on	CERTIFICATION	12-16-8	I Temor	I occlusion	YES NO NO IN CER	YES NO
Mentol riygie		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI		DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN THEM	8 PART 1 OR PART 2)
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		saw the deceased alive a abave, (I) (we) Joid) (d.d.	pital/attended the deceased for some state of the poly after death.	19 , and that in (my) (aur) a	pinian death accurred an the date and I	
with the State Depl		27h SIGNAFORD	Jain		MEDICAL STAFF	121. DATE SIGNED
ON A D		E Kent	Carney, Mp	PGH Medic	cal Center, Salisbury,	Maryland 21901
WPORT		L. Nelli				
with the State	23e. B	URIAL, CREMATION, REMOVA	L 23b. DATE	731. NAME OF CEMETERY OR CREMA* Wesleyan Chapel Ce	CITY OR TOWN	COUNTY STATE

Codominer 27,1982 11540 PER Accion Series Sale horry florry lights 21909 Many Ceres), we -

16	1	FOR STATE REGISTRAR	STATE OF MARYLAI DEPARTMENT OF HEALTH AND M CERTIFICATE OF DI	MENTAL HYGIE	NE 8 2	3 3	3 3 0
M		Die	A RACE S. DATE OF BIRTH MONTH DAY		20. DATE OF DEATH  DEC  1. AGE (IN YEARS LAST BIRT)		a lam M
thin 72 hours		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Manual Country  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	ORCED	BALTIMORE CITY O Wicomi	co	MD.  MD. OF BUSINESS OR
d be filed w	S	alisbury  AL RESIDENCE (IF NURSING HONGO) STATE	PENOT IN SUCH FACILITY, GIVE STREET ADDRESS) PENINSULA GENERAL HOSP DROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	ital	(TYPE OF WORK FOR MOST OF		TRY
and 2 should	14. F	ATHER'S NAME	LCO Salistrum YES		RT1- Marke	cla Spora	S. Md.
rs. Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED ORCIS? 1166 SOCIAL SECURITY NO. 17. INFORMAN NO. 123-61-7879 TWE	Lud M	July 382	Sranling	RA BALLA PROXIMATE INTERVAL VEEN ONSET AND DEATH
lease remove corbonadoriol, cremoval. or other traumotic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF		cident		
prior to but ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT  LISTOR  190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFOR		200 AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CAL	NDINGS USED
Mental Hygiene or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH DAY YEAR	JURY OCCURRE	YES NO	YES T	NO [
morkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION	)N	CITY OR TO		TY STATE
Dept. af He If them 21 is			DEGREE AT	TTENDING	to 12 - 13	pte and hour and from	that (I) (we) lost in the couses stated DATE SIGNED
RTANT:		22d PHYSICIANS NAME TYPE	PI	PHYSICIAN Z	DETTI DE	IAN	
with W		BURIAL, CREMATION, DEMOVA (SPECIFY) BLUICE	12-18-1982 230 NAME OF CEMETERY OR CI	in	23d. LOCATION CITY OF TOWN	n Wich	mo.
50M 4/82	24 F	UNITRAL DIRECTOR	725 Riverende Drive		REC'D. BY REGISTRAR	( /	SNATURE Q. Calina

Part Total All parts during the

FOR

(VRA 15, 4)

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Collect - Stadista - Collect - Collect - Collect Jack Tarachan All-25-3345 Parvice Murley Vising, 10 12-16-32 nerchestone ories canality of discussion, no siler Susaral Nobe, don't new marter, Lan-

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

JUNEAU DECEMBER RIFYSLESSES The same of the sa

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Roberta JACOBS December 27, 1982 9:30 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Temale 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WICOMICO DIVORCED [ WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Salisbury Deero Buffead Centers (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House wife UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

STATE

136 CITY OR TOWN COUNTY 13e STREET ADDRESS omers 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.l certify that (I) (this hospital) attended the deceased from \_

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL

23a. BURIAL, CREMATION, REMOVAL

sow the deceased alive on.

22b. SIGNATURE

obove, (I) (we) (did) (did not) view the body ofter death.

E.P. Ritchings, M.D.

231 NAME OF CEMETERY OR CREMATORY amily Gretery

DEGREE

ATTENDING

PPEH

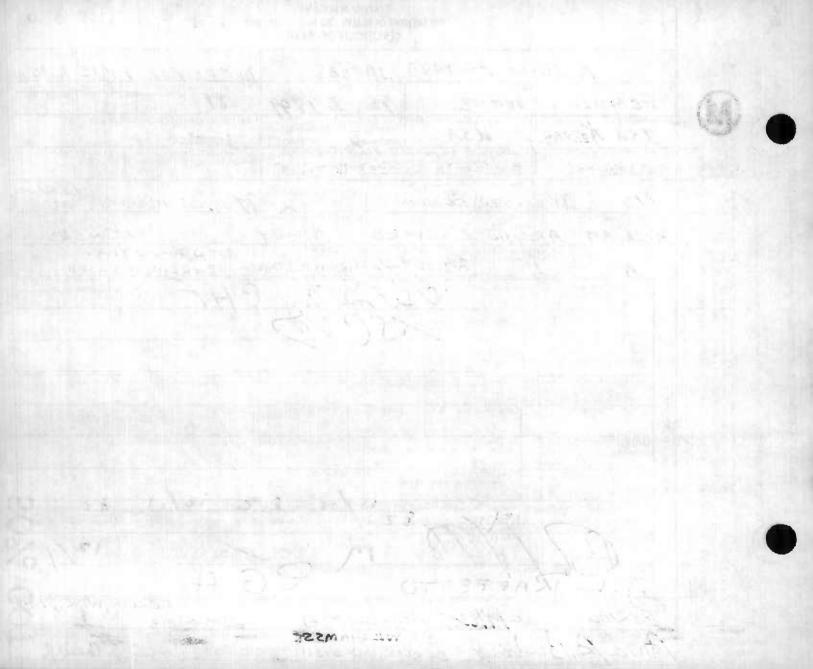
Deer's Head Center, Salisbury, Md. 21801

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

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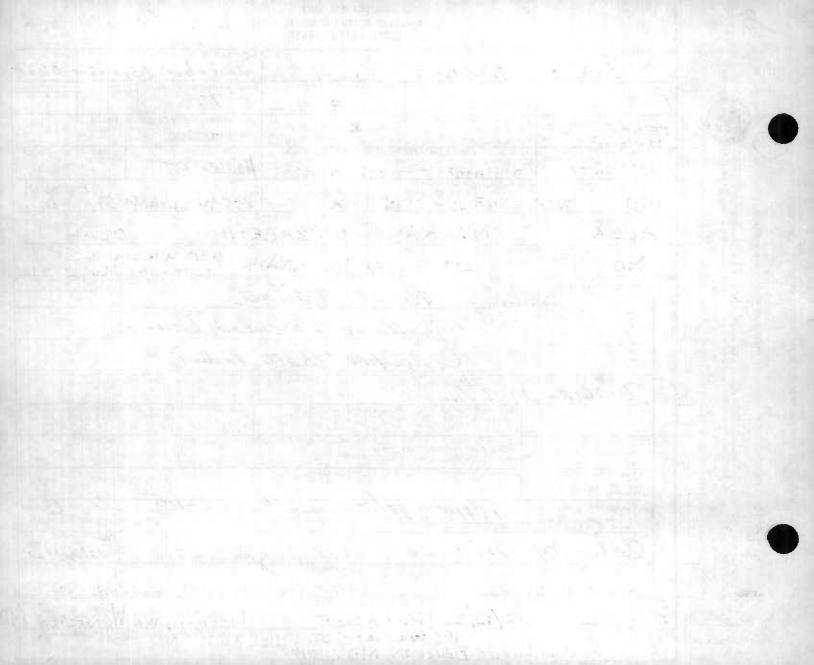
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2				STATE OF MARYLAND	en	-9 -9 13 1/4
9	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 3 4 4
		CEASED NAME FIRST	MIDDLE	yast		DAY YEAR 26 HOUR
deoth deoth	{ I YPE	ORPRINTI MARY	NYAKAS	Knapp	Docember 15	1982 0622
	J SE	EMALE	1. RACE WHITE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
雪门	7a. B	STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH
200		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVO	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
20		Salisbury	Peninsula Ge	neral Hospital	HOUSEWITE	
33	13a.	TATE TOU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 138, CITY OR TOW ROESTER BER		13 STREET ADDRESS	S ST. MD.
かつ	14. FA	THER'S NAME	MIDDLE A LAST	15. MOTHER'S MAIDEN NA	ME	[AST]
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umoti	119	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Leune Vance	ulan Duene	
er fron	0	gave rise to immediate cause (a), stating the	(b)			
		underlying couse last.	DUE TO, OR AS ACONSEOUS	copie Seat	Fachure	
ijury, o	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART I(o)
6/7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
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=9	100	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2}
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
	M.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hosp	ital) attended the deceased from_	12/4 19 52	-, 10 /2/10	19_82, that (1 (we) lost
171			at) view the body after death.		death accurred on the date and hou	
in the		Delen M	Buldadi	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	12/16/82
47		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	PHYSICIAN	1 2/10/02
MORTAN	1	HELEN M. B.	ALDADO	547-F RIVERS	SIDE DRIVE SALIS	BURY MD
31	736	URIA, CREMATION, REMOVAL	1 - 1 - 1 -	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ARUNIY STATE A
-	E	UKIAL	12/18/82 R	WERSIDE	LIBERTYTOWN	WORSESTER
M 4/82 4)	Z4 F1	INERAL DIRECTOR	108 W	ILLIAMS ST. 150 DI	Elecia Suldia grus signed est	San Sommer State of the State o
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4	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 3 4  CERTIFICATE OF DEATH  REG. NO.					
	1. DE	CEASED NAME FIRST	WILLARD 1. RACE WHITE	S. DATE OF BIRTH  S. DATE OF BIRTH  DAY  YEAR  JULY  1910	6. AGE (IN YEARS LAST BIRTHO	1,00		
M	70-8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR WICOMI	COUNTY OF DEATH		
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150		WE HARVE WAS DECEASED EVER IN U.S. AR		NG ELLA	ADDRESS	KEBERISE		
emedico			VE VAR OR DATES)	LABLE MARY	10- 11	sel Island mo		
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other traumatic		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ  OUE TO, OR AS A CONSEQ	sclutic Conovani	Anteny Dis	sease 40 yrs,		
ijury, ar	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)		
3	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO		
or Hern 18 shp	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY I	IN ITEM 18: PART 1 OR PART 2)		
orked or	MED	21d. INJURY OCCURRED  WHILE ON THE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN			
n 21 is m	i de	sow the deceased alive on above, (H-/we) (did) (did no	ital) attended the deceased from  12.17  19.19  19.19	ond that in (my)(our) opinion	, , ,	tho (ii)(we) I		
TANT: # her		276. SIGNATURE	Moval		MEDICAL STAFF	22c. DATE SIGNED		
with the Stote		224. PHYSICIAN STAME (TYPE O	PRINTI V	220. ADDRESS SALI.	szuny .	MX		
5	23/	ENRIAL, CREMATION, REMOVAL		DELMARIA CROSSE	23d JOCATION CITYOR ELECTION	COUNTY STATE		
A 4/B2	24.F	PROY 112/1	Ter - R/2 DADDRESS	700 DA 250. DA	TERECO BY REGISTRAR 25	EGISTRAR'S SIGNATURE		

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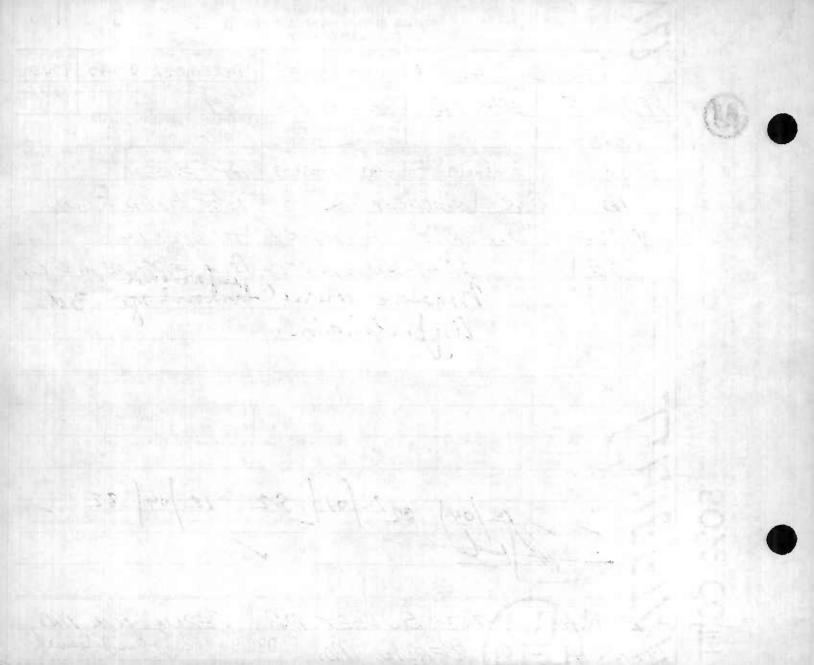
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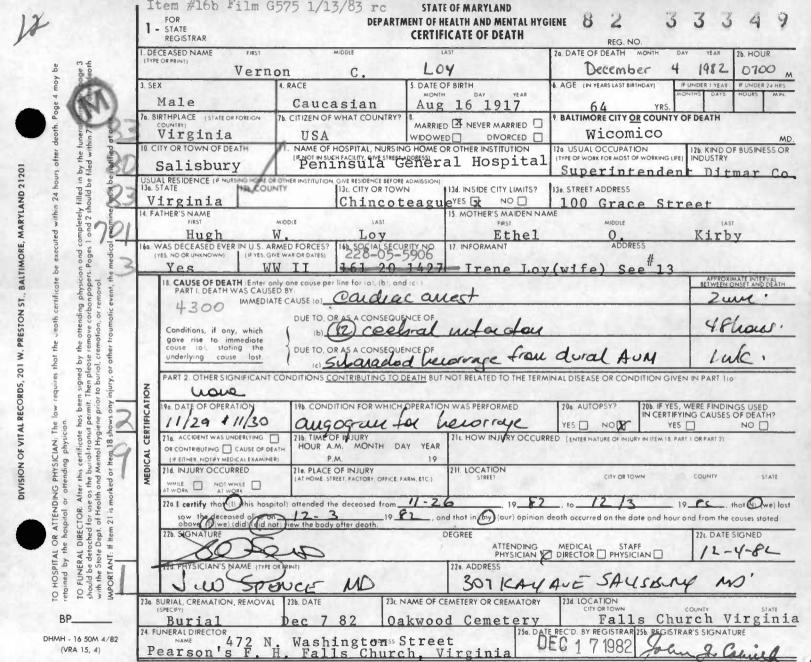
1	1	FOR STATE	DEPARTMI	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	GIENE 8 2 3	3 3 4
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
page 3		5 AMU		Lattimore	December 25,	1987
4 mo	3. SE		4. RACE	J. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
Poge street		IRTHPLACE   ISTATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	OF DEATH
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o open	S	alisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET AD Peninsula Ge:	HOME OR OTHER INSTITUTION DEPENDENCE HOSPITAL	120 USUAL OCCUPATION	12b. KIND OF BUSINES INDUSTRY
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ompletely ond 2 sh	I4. Ez	ATHER'S NAME NEHEMIAH I	ATTIMORE LAST	LOTTIE MAR	BEAUCHAMP	LAST
be execut on and co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 166. SOCIAL SECUR 199-03-5	4 4 4	ADDRESS HY H. LATTIMORE	. # SEE I
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e low requires that the no.  to been signed by the permit. Then please rem ne prior to burial, crema ws any injury, or other the no.	CERTIFICATION	PART 2. OTHER SIGNIFICANT,  JUNE 190. DATE OF OPERATION	. A T	ATH BUT NOT RELATED TO THE TER	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH
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ING PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY ST
OR ATTEND he hospital of DIRECTOR: A poched for use bept. of Head of them 21 is m			ital) attended the deceased from 12/25 bit view the body after death.  M Cumb	DEGREE	n deoth occurred on the dote and hour  MEDICAL STAFF DIRECTOR   PHYSICIAN	r and from the couses state  22c. DATE SIGNED  12/25/81
HOS ined FUN Sold E		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e. ADDRESS		
BP	230	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY  ANDREW CEMET	TERY CITYPRINCESS	ANNE, MD 51A
DHMH - 16 50M 4/82	24. F	WILSON FUNE	RAL HOME PRENC	ESS ANNE, MI	TE REC'D. BY REGISTRAR 25 EGISTI	RAR'S SIGNATURE

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4		FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 3 4 1  CERTIFICATE OF DEATH  REG. NO.						
e wt	ſ	I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR	
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You was		3. SEX	4 RACE		5. DATE OF BI		6. AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR	IF UNDER 24 HRS	
e de la		female		asian	Oct 11,	1952	30	YRS.		
E 1 1 1	-	OUNTRY)		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH		
deoth.	2/	Ollinois	USi	·	WIDOWED		□ Wicomico		٨	
by the filed will notified	7/	Salisbury	Deer 1	F HOSPITAL, NURSING HOME COLUCH FACILITY, GIVE STREET ADDRESS)  S Head Center		THER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY		
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the bury ond M		OR CONTRIBUTING CO	21e. PLACE	OF INJURY	21f.	LOCATION	CITY OR TOWN	COUNTY	STATE	
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TI de po		sow the deceased	d olive ond) (did not) view the body	ofter death	, and the	ot in (my) (our) opini	an death occurred on the date a	nd hour and from the	couses stated	
		226. SIGNATURE	1 51	restha.	M	ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE	SIGNED	
SPIT.	7	22d. PHYSICIAN'S NA	ME   TYPE OR PRINT)		220	. ADDRESS				
TO HOSPITAL C retained by the TO FUNERAL D should be detect with the State D IMPORTANT: If		Maheswar	ri Shrestha,	M.D.	D	eer's Head	d Center: Salis	bury, Md.	_21801	
Of of State		230. BURIAL, CREMATION, F			NAME OF CEME	TERY OR CREMATOR	RY 23d. LOCATION	COUNTY	STATE	
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DHMH - 16 50M 4/B2		24. FUNERAL DIRECTOR	2. 1			25a. [	DATE REC'D. BY REGISTRAR 256. I	EGISTRAR'S SIGNAT	URE	
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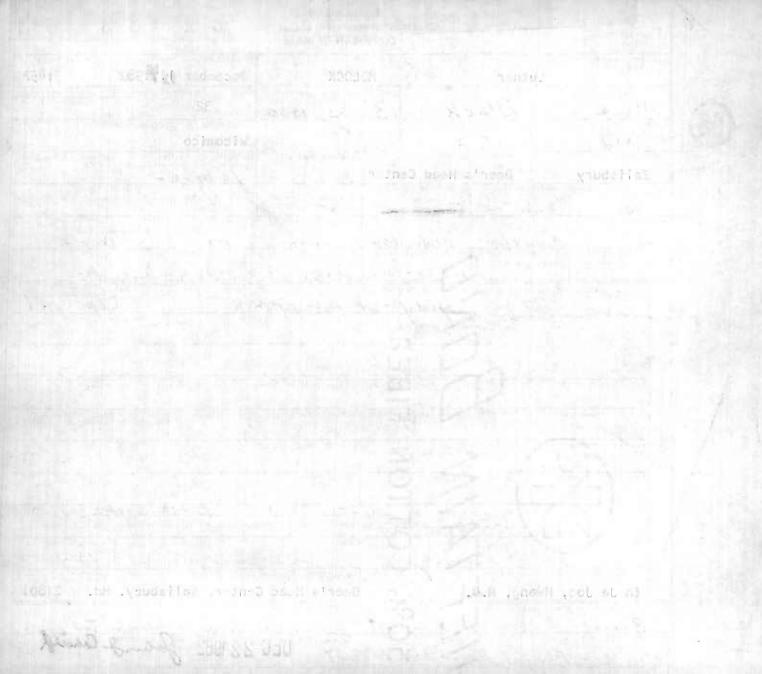
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STATE OF MARYLAND

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	(TYP	CEASED NAME FIRST	uther	MOLOCK	December 12	982	3:45P M
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	/	male	Black	MONTH DAY YEAR	32 <sub>YE</sub>	MONTHS DAYS	HOURS MIN
12		IRTHPLACE (STATE OR FOREIGN	71 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU		
2	2	Md.	USA.	WIDOWED DIVORCED	Wicomico		MD.
71	10 C	Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Deer's Head Co	G HOME OR OTHER INSTITUTION ADDRESS) Anter	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
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7	- 1	YES NO OR UNKNOWN) (IF YES, GIV	1/7-52 -	1013 Daiser Ma	e Molock A	her. Md	,
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and			APPROXI. BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) Mali	mart Activisto	M	Sipt	1981
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P.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CE	YES, WERE FINDIN	OF DEATH?
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1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	CHIER ANIONE OF HANKING HEM	O TART OR PART E)	
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		AT WORK AT WORK	ital) attended the deceased from_	11/22 10 00	12-12	10.43	1
		sow the deceased alive on	12-12 10 8	ond that in (my) (our) opinion	death accurred on the date and		that (1) (we) last
		obove, (N (we) (did) (did no	ot) view the body ofter death.	DEGREE	acom accorded on the dote ond		
		CA.	1 (les)	ATTENDING	MEDICAL STAFF	22c. DATE :	10 -A
1		22d. PHYSICIAN'S NAME TYPE C	DE REINITI	PHYSICIAN [	DIRECTOR PHYSICIAN	11	7-6
		1			0-1:-	Mad	01001
4		In Ja Joe, Hy			Center, Salisbu	iey, Ma.	21801
	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 5	Bania/ UNERAL DIRECTOR	13/8/8/6/	11051 Chu-chlen	O. Hireys No	orches Ter	md.
		NAME	ADDRESS	ALL ST LEG	22 1982 RECORDER OF RECORD OF RECORDER OF RECORDER OF RECORDER OF RECORDER OF RECORDER OF	SISTRARY SICHA	wy
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH



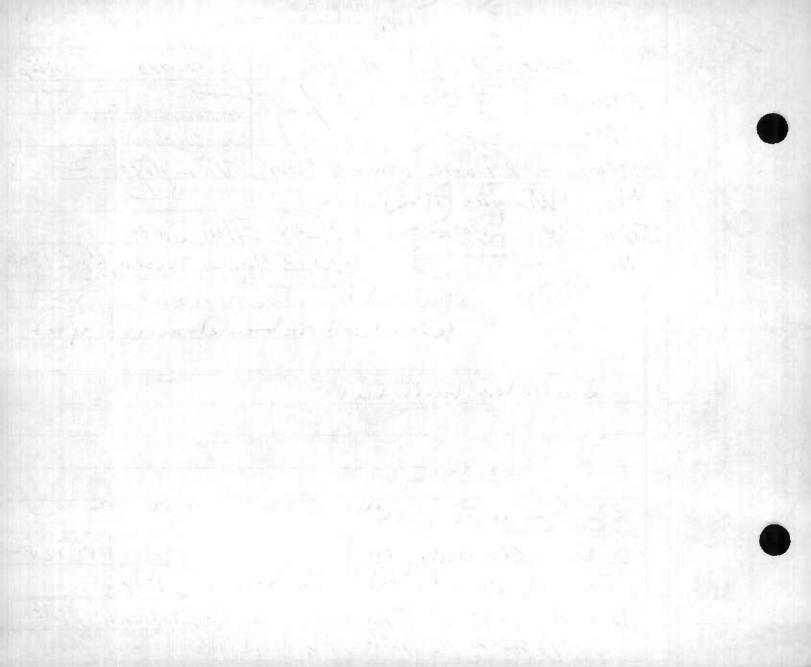
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be
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2	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	3 3 3	5 4
may be page 3		CEASED NAME FIRST ORPRINT) M/L DRED	MIDDLE	Moore	20. DATE OF DEATH	28. 1982	2b HOUR
Page 4 may	3 SE	FEMALE	1. RACE WHITE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS  YRS.	IF UNDER 24 HRS HOURS MIN.
deoth. Po		COUNTRY OF THE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
by he file	Sa	lisbury	NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET  Peninsula GE	ng home or other institution tradpress) TADDRESS Hospital	124 USUAL OCCUPATION	ON 12b. KIND O	F BUSINESS OR
filled in hould be	73a. S	MP WOO	OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 136. CITY OR TO		13e. STREET ADDRESS	KL BMS	57,
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quires signe then p to bur	NOI	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 10	
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SPITAL OR A 1 by the hos NERAL DIREC be detached e Stote Dept. TANT: If Item			ion T		MEDICAL STAF	F 12 -	28-8L
TO HOSPITAL etomed by 11 TO FUNERAL should be defined with the Store		22d PHYSICIAN'S NAME (TYPE OR	LAY TON. In	22e ADDRESS	BALISBURY	md 2180+	
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	INERAL DIRECTOR	FIH. BEI	SLIN, MA, JA	N 5 1983	PREGISTRAR'S SIGNATURE	IRE

1	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 5 5  CERTIFICATE OF DEATH  REG. NO.
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guires that the death certific signed by the attending phy hen please remove carbon to burial, cremation, ar remain, ar after traumatic even highly, ar after traumatic even	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF PRODUCT ON THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF PRODUCT
INTISION OF VITAL RE  AL OR ATTENDING PHYSICIAN: The lo the hospital ar attending physician. AL DIRECTOR: After this certificate has etached far use as the burial-transit per te Dept. af Health and Mental Hygiene F T: If them 21 is marked ar them 18 shows.	21a, ACCIDENT WAS UNDERLYING   21b, TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   P.M.   21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)    21d, INJURY OCCURRED   21a, PLACE OF INJURY   P.M.   22a, I certify that (I) (this hospital) attended the deceased from sow the deceased of the decea
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept.	224 PHYSICIAN'S NAME (TYPE OR PRINT)  226 ADDRESS  BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	BURIAL T./3/13 SPRING HILL GRANDER SALISNBURY, MD.  FUNERAL DIRECTOR  NILSON FUNERAL HOME SALISBURY, MD?  PARTICLE OF THE PRODUCT OF THE PROD

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nin 72 ha	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY?		9 BALTIMOR	4 1 .	county of Di	EATH	MD.
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olth and M marked ar	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.]	2)f. LOCATION STREET		CITY OR TOWN	cou	UNTY	STATE
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		22b. SIGNATURE	Bulle	le m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		12-	
should be deta with the State [ IMPORTANT: If		John T	Bulle	6 M.D	Je ADDRESS //3	rous/	11	MJ		
s s <	(	BURIAL, CREMATION, REMOVAL	12/15/8:	23c NAME OF C	WESEX C	23d. LOCAT	hite.	Haven	,1	My
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MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY

8 GIENE CERTIFICATE OF DEATH

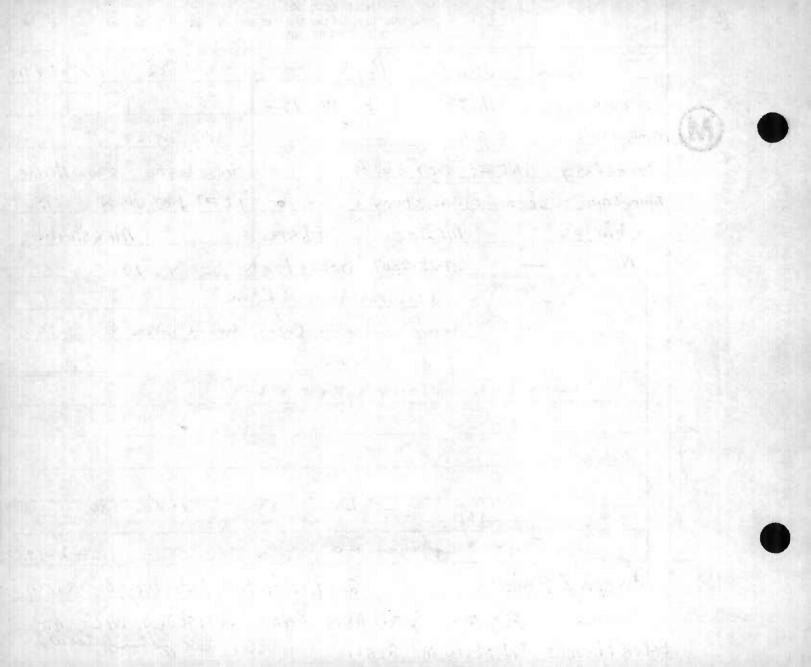
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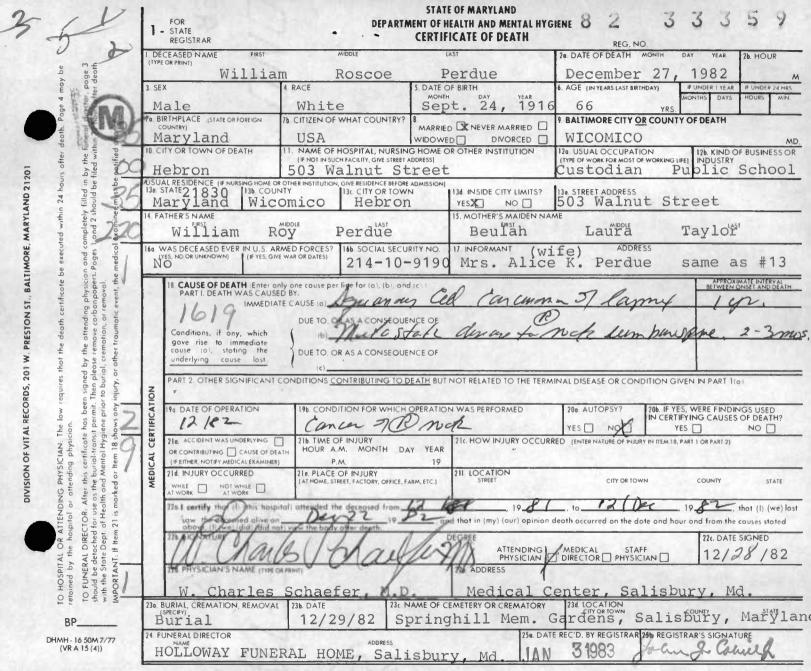
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		CEASED NAME FIRST	MIDDLE		PAUL	December 9	MONTH DAY YEAR	26 HOUR 6:05A	
1	) SE	female	4 RACE White	5. DATE O	DF BIRTH LY 4 1914 4	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEA MONTHS DATE	R IF UNDER 24 HRS	
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1	S	alisbury	11. NAME OF HOSPITAL, NUR NOT IN SIJCH FAGUITY, GIVESTR BER'S HEAD	SING HOME C Center	DR OTHER INSTITUTION	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST O		OF BUSINESS OR Tuna	
5		Md. Do		NWC	13d INSIDE CITY LIMITS? YES NO		Bayly Rd.		
71		Thomas	MIDDLE INSI	-	Virgie	WIDDLE	Abbo	îtt	
2		MAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GP			Thos. M. I	Paul Jr.	Item #13		
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE 4360 IMMEDIA	APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH					
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost							
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF OPERATION	CONDITIONS CONTRIBUTING TO PUBLICATION FOR WHITE	04 (	D (ep	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	WERE FINDINGS USED	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCURR	YES NO.	YESRY IN ITEM 18 PART 1 OR PART 2)	NO 🗌	
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		22a I certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	pte and hour and from th	ESIGNED					
7		22d PHYSICIAN'S NAME (TYPE O	S CUISING DR PRINT)	ATTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC	12/	9/82		
1			estha, MD		Deer's Head		lisbury, Md	. 21801	
	. (	BURIAL, CREMATION, REMOVAL (SPECIET)	23b. DATE 23 12/11/82		EMETERY OR CREMATORY  Lawn Cem.	Cambric		Md.	
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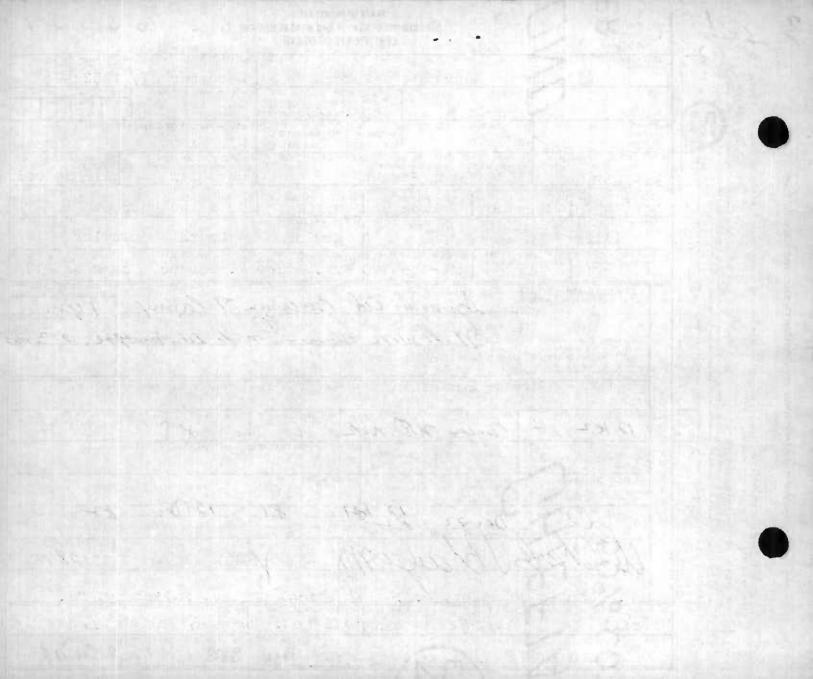
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	1 26	1 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS HOURS MIN
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ORE	ond co		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	- 10 11 0	ADDRESS	
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ě	or after the as the old hond				10/12 10 8		1
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	R ATTE hospith RECTC hed for spt. of tem 21		obove, (I) (we) (did) (did no	to view the body ofter death.	go, and that in (my) (our) opinion	death occurred on the date of	nd hour and from the causes stated
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	AL O the Detoclare Detocla			W. Coly	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	n 12-2-1982
	AN Sto		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
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	TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Store [IMPORTANT: If	22.	PLIPIAL COEMATION DESCRIPTION	Tab Darre Tab	NAME OF CEMETERY OR CREMATORY	THE LOCATION	017/110 01801
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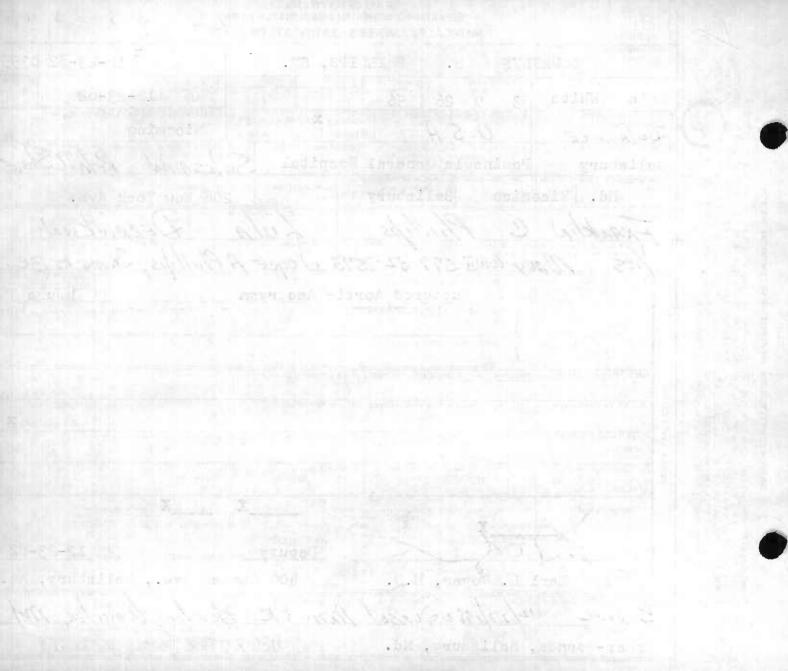






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STATE OF MARYLAND



IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical exc

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190 D	ATE OF OPERA	ATION	196. CONL	DITION FOR WH	IICH OPERATIC	N WAS PERF	DKMED		IN CERT	TIFYING CAUSE	S OF DEATH?
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BP.

24 FUNERAL DIRECTOR
NAME

Bradshaw & Sons

Crisfield, Md.

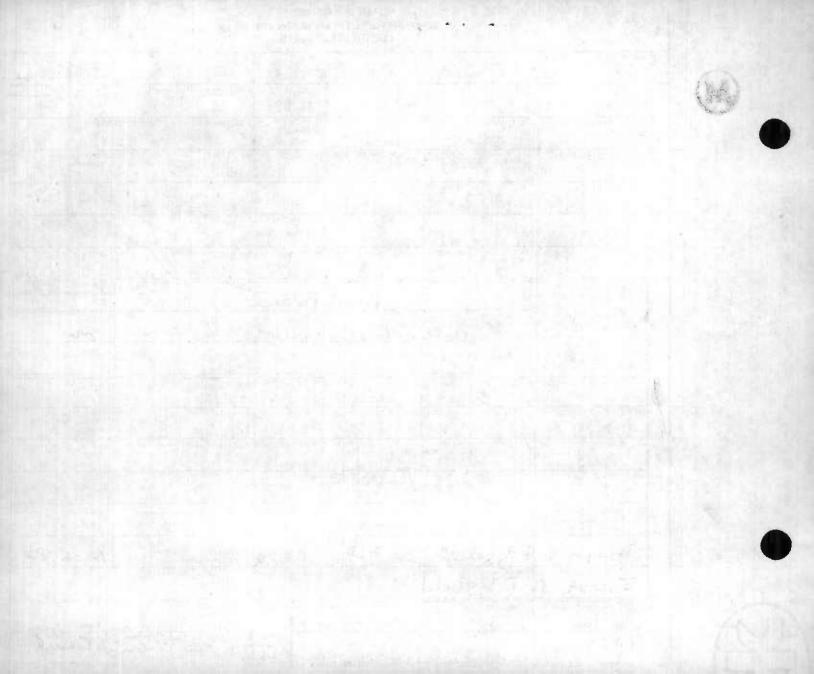
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MINDRES E. S. SERVICE Local Control Control Salanteen Cioudina Comment of Orland and August 200 July 100 to 120 120 100 and 120 112) rono 236-19-475 Charles b. Merre Gondross, a. 22530

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TOTAL MARKET WITH MARKET



5	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	IENE 8 2	3	3 3	6 3
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tor, pag	3. SE		RACE Black	, 00	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
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to offer de filed wi		ty or town of DEATH	11. NAME OF H	HOSPITAL, NURSIN	ADDRESS)	al Hospital	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF retired	NC	12b. KIND OF INDUSTRY dome	F BUSINESS OR
24 hours	USU 13e.	AL RESIDENCE (IF NURSING HOME COL	or other institution.	GIVE RESIDENCE BEFORE 130 CITY OR TOW Eden	ADMISSION)		Rt. #1, Bo	x 24		
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n and co		VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	146 SOCIAL SECU		17 INFORMANT Mr. Howard Ba	ADDRE tes	SS		NO.
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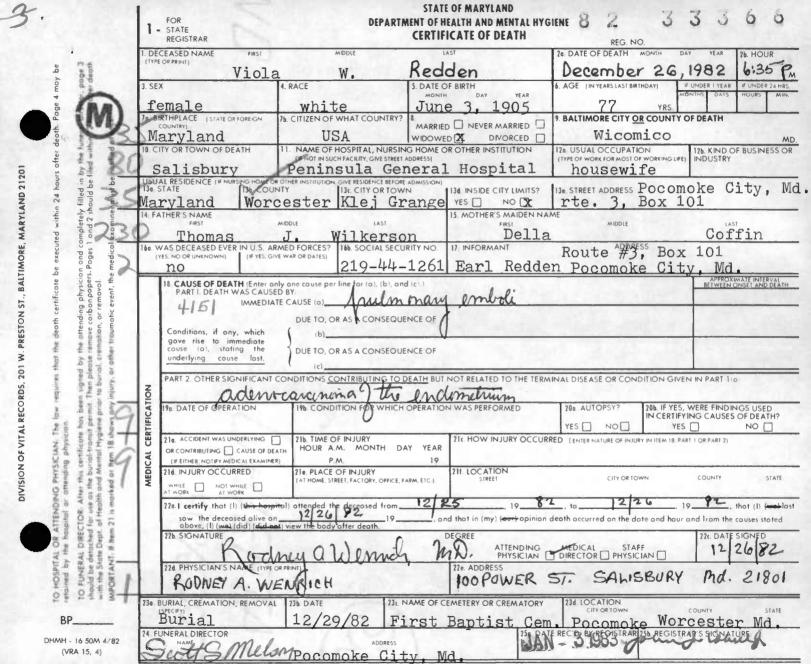
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eoth. Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRI	D NEVER MARRIED	9. BALTIMORE CITY OF WICOMI		TH MD.
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been signer mit. Then pl prior to buring	CERTIFICATION	PART 2 OTHER SIGNIFICANT (S)	196 CONDITION FOR	zenti	u ala	RMINAL DISEASE OR CON	20b. IF YES, WERE F	FINDINGS USED
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GENTA TOP VITA BE Certificate rial-transi entol Hygi shem 18 sh	1	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	ART 2)
DIVISION ING PHYS of the this os the but the or the difter the contract of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO		NTY STATE
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Tames L. Redden Mary Vanderlow	2/-
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- F 3 - W			tal) attended the deceased from	2 and that in (my) (our) opinion of	leath occurred on the do	ite and hour and from the couses stated
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Dr	24 5	UNERAL DIRECTOR				250 DATE B	EC'D. BY REGISTRAT	THE	PAD'S SICALATIO	E -

		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 7 0
3	1.	STATE REGISTRAR	CERTIFICATE OF DEATH
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Fico Pro		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR
요 등 교 등 교	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY  (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
TTEN pitol TOR: for us of He 21 is		sow the deceased alive on above, (I) (we) (did) (did no	ot) view the body after death.
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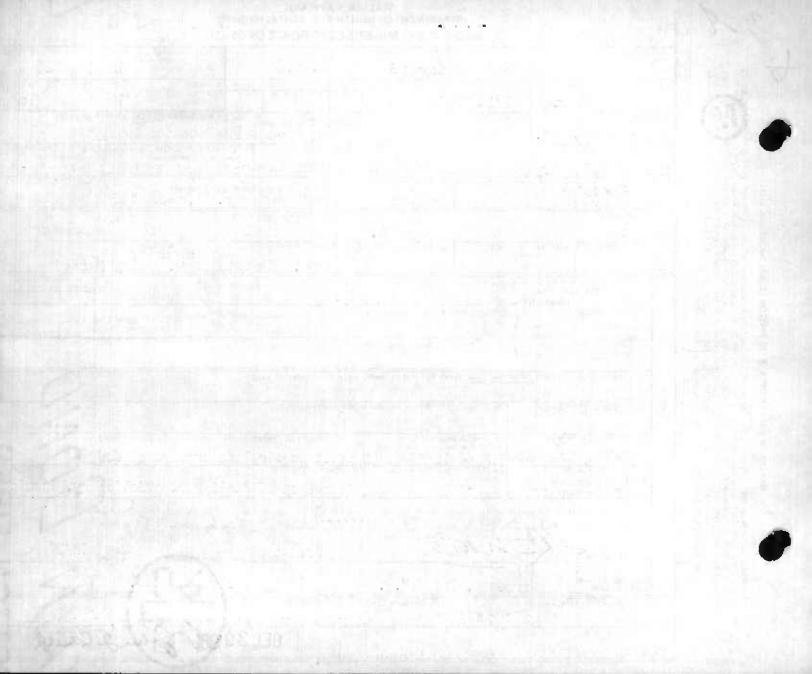
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO KNOWNXX 1. DECEASED NAME TYPE OR PRINTS ESTI-Rohm, Jr Charles Richard 24, 82 DEATH MATED 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 24 , 82 5/31/1956 26 White Male DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDX NEVER MARRIED FOREIGN COUNTRY Wicomico County Salisbury, USA Md. DIVORCED WIDOWED [ 2, AND 3 TO THE FU.
3. RETAIN PAGE 5.
2 SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 13/Dagsboro Rd 3MilesEast of orth of Salisbury Criminal Investigator/ ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3, Box 195 Maryland Wicomico Delmar Rt. NO | VITAL P 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jones Ethel Marie Charles Richard Rohm. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISION #13 same as # Mrs. Christine M. Rohm (IF YES, GIVE WAR OR DATES) (wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PERMIT. PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. Multiple injuries DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 E 3 SHOULD BE USED / DEPARTMENT OF HE/ 31 PRIOR TO BURIAL, 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [Y] NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) ORWARDED TO THE HOUR A.M. MONTH DAY UNDERLYING OR pilot in airplane crash/exploded 19 82 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) OULD BE FORWARDE

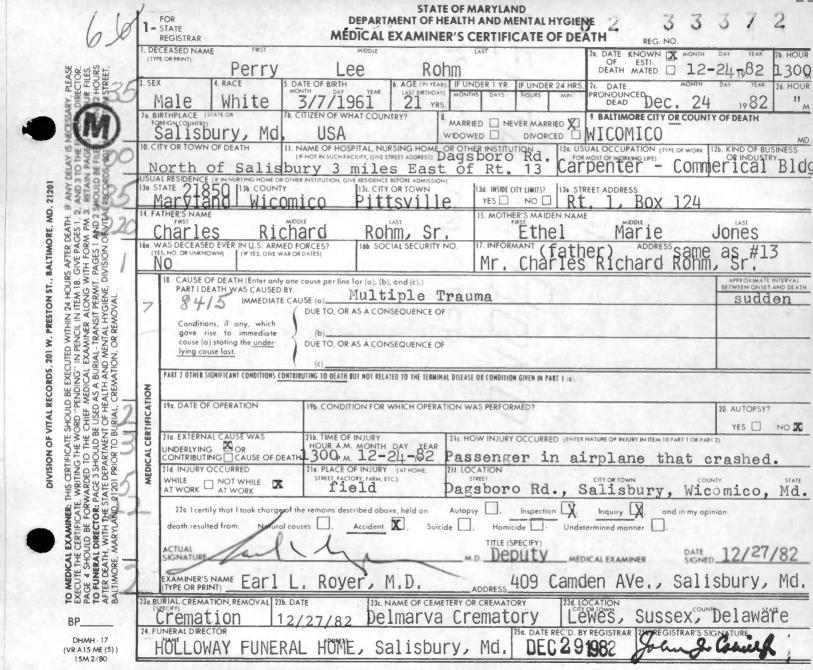
IL DIRECTOR: PAGE 3

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MARYLAND, AI201 Amiles East of Rt#13/NorthofSalisbury, Wicomico NOT WHILE AT WORK AT WORK field Co. MD Autopsy and in my opinion 22a. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 12/25/82 PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N BALTIMORE, M. DATE SIGNATURE EXAMINER'S NAME 111 Penn STreet, Balto.MD 21201 Hormez R. Guard.M.D. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 12/27/82 Delmarva Crematory Lewes. BP Cremation 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) HOLLOWAY FUNERAL HOME

20M 4/82

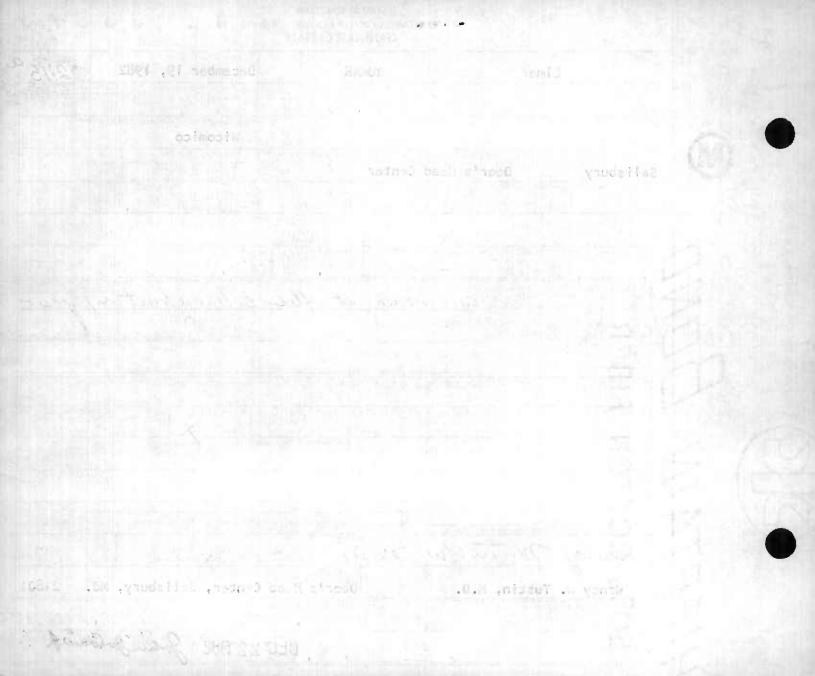




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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR IF UNDER 1 YEAR AONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY ouse Wille UWN 305 2180 Atherscleropic VASCULAR PISENSE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 82 , and that in (my) (out) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 32 WESLEY PR. SALISBURY, MD 2180 MSONS BP. DHMH - 16 50M 4/82 (VRA 15, 4)

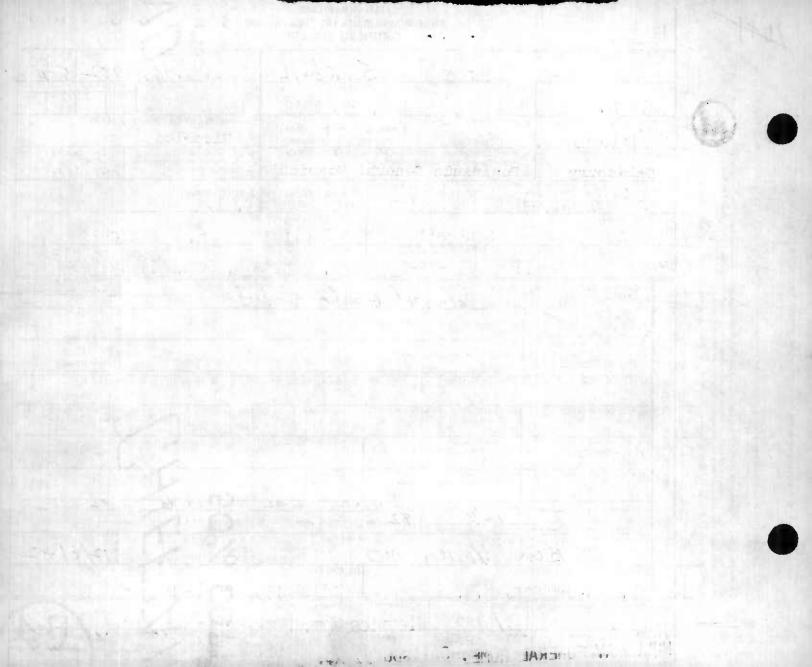
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OR AT		22b. SIGN	view the body after death.	DEGREE		22c. DATE SIGNED
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5 5 5 5 3 4 A	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	TOWN THE PROPERTY OF THE PROPE
BP		(SPECKY) Burial	12-18-82 I	civity	Poco Moko	Worrotter MI.
	24	FUNERAL DIRECTOR	11-10-11	25a. Q.4	TERECO BY MEDISTRANTS OF	GISTRAR'S SIGNATURE .
DHMH - 16 50M 4/82 (VRA 15, 4)		With H. Wh	arton -ACC.	mae, Var	EC 20 1982	and landly
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att	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 2 3 REG. NO.	3 3 7 7
m.e		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
A Pe		Willia	am Joseph	SCHWARTZ	DECEMBER	39.1912 0715 M
4 mo	1. SE	X	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
- 60 PM	-	le	White	Jan. 9, 1921	61 YRS	
deoth. Page	Ва	Itimore, Md.	TE CITIZEN OF WHAT COUNTRY  USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Wicomico	OF DEATH MD.
of the day		Salisbury	CIE NOT IN SUCH FACILITY GIVE STORE	er address) Eneral Hospital	(179E OF WORK FOR MOST OF WORKING LIFE OWNER - ROOF	12b. KIND OF BUSINESS OR INDUSTRY
212	USU I30	AL RESIDENCE (IF NURSING HOME OF COTATE 21801 136. COUNT	THER INSTITUTION GIVE RESIDENCE BEEC	RE ADMISSION)	13e STREET ADDRESS	Metal Co.
24 AND		ryland Wico	omico Salish		1310 Woodland	Road
MARYLAND 2120 ed within 24 hours emplerely tilled in 5, and 2 should be 111 examilier must be re	14. FA	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
	D	r. William	Fred. Schwa		Middle	Sunner
n and ce Pages		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT (	wife) ADDRESS	
BALTIMORE, cate be execu- ysician and capers. Pages val. tr, the medica	Ye	s WW	II 220-01	-5936 Mrs. Marga	aret K. Schwar	APPROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI  NG PHYSICIAN: The law requires that the death certificate oftending physician.  Ifter this certificate has been signed by the attending physicians the burial-transit permit. Then please remave carban paper than demanal Hygiene prior to burial, cremation, or remaval, and Amental Hygiene prior to burial, cremation, or remaval orked or them 18 shaws any injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTING TO	a MIXZ	NINAL DISEASE OR CONDITION GIVI	EN IN PART TO
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physician this certificate h the burial-transit is ad Mental Hygies d or them 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART 2)
DIVISION ING PHYS After this c as the bur ith and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital ar RECTOR. Af red for use o en 21 is ma		22a L certify that (I) (this hospital saw the deceased alive on above, (I) (see) (did ) (did not	10(oct) 10	7972 . 19	death accurred on the date and hour	ond from the couses stated
OR he he had he be had he be		22b. SIGNATURE Ben	Hones n	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/90/82
O HOSPITAL efained by th TO FUNERAL should be det with the State MAPORTANT:		22d PHYSICIAN'S NAME (TYPE OR	HURNER	SALISBU	RY md. 2	1801
7 5 T 2 3 8	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	226 COCATION CITY OF TOWN	COUNTY STATE
BP	Вυ	rial	12/31/82 Wi	COmico Mem. Park	Saliat T	Ti- Massal-
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	DLEOWAY FUNER		1250 DAT	TE REC'D. BY REGISTRAR 25 PREGISTI	RAR'S SIGNATURE

Schulder . . . Oder nou 18 1917 3915 W. DER HELBER SHIELDS ON ME 21127 



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

205 GEORGE ST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22r DATE SIGNED

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

126. KIND OF BUSINESS OR

1982

IF UNDER 1 YEAR

AONTHS DAYS

INDUSTRY

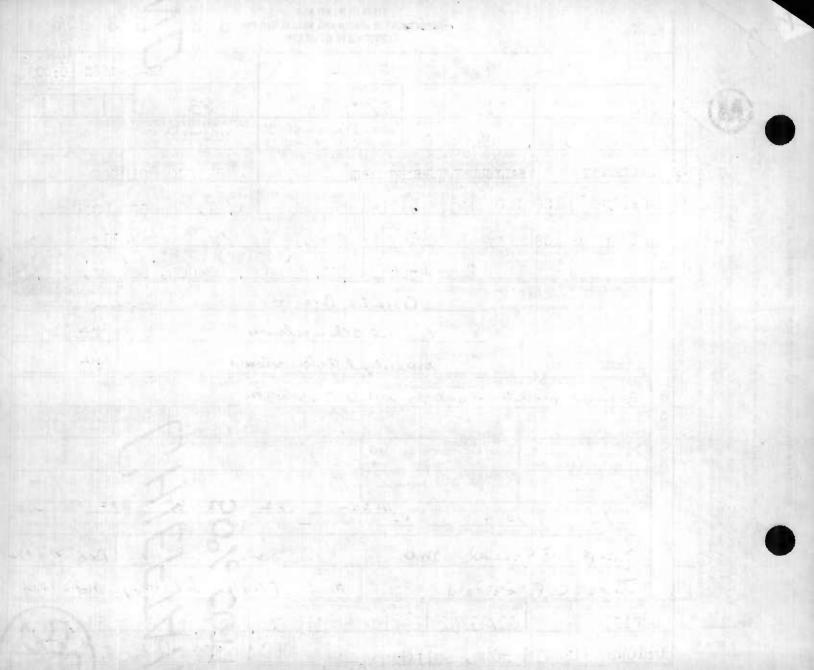
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(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	loires
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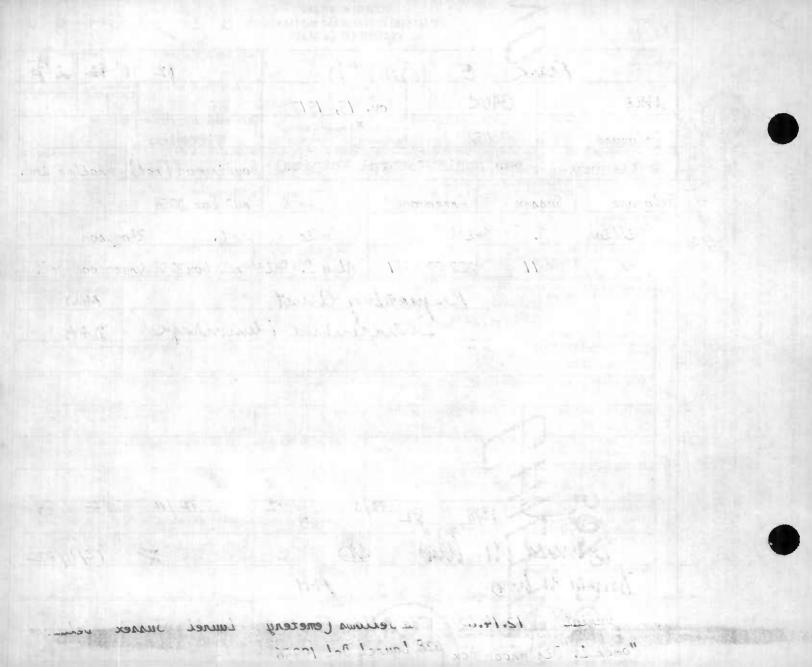
	1	FOR - STATE REGISTRAR	e DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2	3 3 3 8 1
		CEASED NAME CARLOS	Raymond	SHOCKLEY	20. DATE OF DEATH	12-09-1982 6:00 M
		ale	4. RACE White	5. DATE OF BIRTH 7726/1899	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
\$35	P	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED   A	WICOMIC	COUNTY OF DEATH O
10 To		SALISBURY	(IF NOT IN SUCH FACILITY, GIVE STREET SALISBURY NURSI	NG HOME	120 USUAL OCCUPATION POR POR MOSTO	F, WORKING LIFE) (INDUSTRY
35	116	aryland Wico	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY   130. CITY OR TOW PITTSV	ille YES   NO	130. STREET ADDRESS	ımboro Road
nedicol examin	160.	WAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)		Mae ster) ADDRE	Wells ASS Rt. 1, Rd. 456 L. Delmar, Del
y, ar ather traumatic event, the		PART I. DEATH WAS CAUSE  HIMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	EDDE to Brez 14=.	is	HAS THE PROPERTY OF THE PROPER
ows any injur	CERTIFICATION	Benegon pro	retire hypotherphy	with C.T. ablive OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IN NO IN
ked or hem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-  OR CONTRIBUTION CONTRIBUT	HOUR A.M. MONTH D.	21f. LOCATION	RED (ENTER NATURE OF INJUS	
IT: If hem 21 is mor		220.1 certify that (1) (this haspi	tol) ottended the deceased from 22-9 19 2 19 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DEGREE ATTENDING		the and hour and from the causes stated  22. DATE SIGNED  PLAN
IMPORTANI	730	JOSEPH C. F	tzgerold	220. ADDRESS  PEdect	Ceuter Sale	isbury Md21801
	I	lür'ial		arlow Family Cen	CITY OF TOWN	Pittsville, Md.
/82		UNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR	DE BEGGTRAR'S SIGNATURE



	www.	STATE OF MARYLAND	
1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 3 3 3 8
	EASED NAME FIRST	ed TRENE SIPE	20. DATE OF DEATH MONTH DAY YEAR 26. HO
1.5EX	Milor	RACE SIPE	DECEMBER 29, 1982 13  6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDE
F	emale	white "3" 20 1922	YRS MONTHS DAYS HOURS
0 8 4 3	THPLACE ISTATE OF FOREIGN DUNKEY	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH WICOMICO
TO CH	TY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	Salisbury	Peninsula General Hospital  Other institution, give residente before admission;	INSTRUCTED WHERINGS
130. \$	TATE 136 COUN	TY 13 ET BINN 138 INSIDE CITY LIMITS?	130 STREET ADDRESS R+#1 218
220	THER SINAME	SWAST YZ 15. MOTHER'S MAIDEN NAME ESTA	ME ANSTRE
	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 323-14-9136 JAMES SIDE	ADDRESS
123	Conditions, if any, which	( 10) New te Stycer	orger Interction
ermit. Then please remove e-prior to burial, cremation or any injury, or other trau-	gave rise to immediate couse (a), storing the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF  [c]  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  196. CONDITION FOR WHICH OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVEN IN PART 110.  200 AUTOPSY? 20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
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	1	- STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
sy be age 3 death		CEASED NAME	FRANK	MIDDLE	Smi	4h	20. DATE OF DEATH	MONTH DAY	FZ 2b	135
Sod Bass	3. SE	NACE	4. RACE	4. RACE S. DATE OF WORLD OF WHAT COUNTRY A		DAY YEAR	6 AGE (INYEARS LAST BI	YRS.		F UNDER 24 HRS
1 41		IRTHPLACE (STATE ORF. COUNTRY) Delaware	OREIGN 76. CITIZ			DE NEVER MARRIED	9. BALTIMORE CITY O	DEATH		
by the trailed with		Salisbury	LIE NI		RSING HOME	or other institution  1 Hospital	120 USUAL OCCUPAT (TYPE OF YORK FOR MOST) poultryman	ION 1	26. KIND OF B NOUSTRY Broile	BUSINESS O
filled in Bround be f	130.	Laware	NG HOME OR OTHER INS 131 COUNTY SULLEX	130 CITY OR T	OWN ,	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
ampletely and 2 sh		William	E. WIDDLE	MIDDLE Smith LAST		Sadie	WIDDLE		Thompson	
on and co		WAS DECEASED EVER (YES, NO OR UNKNOWN) YEA	N U.S. ARMED FOR		6381	Alma S. Smi	th rd2 box2	ESS		Del.
ficate physicia papers navol.		18 CAUSE OF DEATH (Enter only one couse per line factual, (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  IMMEDIATE CAUSE (a).							APPROXIMA BETWEEN ONS MIN	TE INTERVAL SET AND DEATH
iat the death cer by the attending ise remove carbo , cremation, ar re		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which (ediate) DUE	(b)ETO, OR AS A CONSE		cerebral t	lumha	ge	DAY	5
PHYSICIAN: The law requires the ending physician. this certificate has been signed to buriol-transit permit. Then plead Mental Hyguese prior to buriol dor tem 18 shows any injury, at	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a								
	CERTIFICATION	19a DATE OF OPERAT	ION 19b	CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFY INC	G CAUSES OF	
		216. ACCIDENT WAS UNDERLYING TO COURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19								
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	LE C	PLACE OF INJURY HOME, STREET, FACTORY, OFF	ICE, FARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
TTEND optal a control of tar use of Heal		220.1 certify that (1) (this haspital) attended the deceased fram								
OR OR DIRE		22b. SIGNATURE	mald l	M. lun	7		MEDICAL STA	AFF CIAN III	12/1	1/82_
TO HOSPITAL retained by the TO FUNERAL should be detributed to with the State IMPORTANT:		Donale	ME (TYPE OR PRINT)							
BP		BURIAL, CREMATION, (SPECIFY) burio		AND THE RESERVE OF THE PARTY OF	odd Fel		23d LOCATION CITY OR TOWN Laurel	SUAARS	unty Del	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	Wheral Director	Disharo	oon box 67	8 Laure	el Del 1995 DE	C 1 7 1982	John C	L. Con	uf



W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

MALIEUM TELLA SMITH I DEC 118 1982 34 B THE THE CONTRACTOR Variation Calabata The Manager HE WAS A LIKE THE WAS TRANSPORTED AS THE Personal Variation with a contract forth Decision of the State of the St AND THE REPORT OF THE PARTY OF

1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 3 3 8 5
	DECEASED NAME FIRST	MIODLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3	Wallio	e P.	Smith	12	18 82
3 S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 I
200	Male	White	MONTH OAY YEAR 29	53	MONTHS DAYS HOURS M
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED & NEVER MARRIED	9 BALTIMORE CITY OR CO	
- 50 C	Cambridge Md.	U.S.A.	WIDOWED DIVORCED	Wicomico	
He de la	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS INDUSTRY
F	ruitland	109 Waldin I	)r		Plamer
d bluod M	Maryland Wic	OTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) 13d INSIDE CITY LIMITS? YES \( \text{NOT} \text{NOT} \)	136 STREET ADDRESS 109 Waldir	ı Dr.
7 7 7	FATHER'S NAME	D Cmith	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
W SALL	dilicc	1 OIIII CI	<u>Evelyn</u>		Adams
Poges	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR OR DATES) 213-22	2-9403 Betty J.	Smith 109	Waldin Dr.
eose remove corbo ol, cremotion, or re ir other troumotice	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU			
injury, o		Onditions <u>Contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
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olth ond Mentol	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Healt	220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did ((did no	tol) oftended the deceased from 19	, and that in (my) (our) opinion	death occurred on the date on	d hour and from the causes stated
toched bept. If Item	226 SIGNATURE	- / 11	DEGREE	WEDIGH.	22c. DATE SIGNED
should be det with the Stote	22d. PHYSICIAN'S NAME (TYPEO	world	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/82

BP.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Removal 12/20/82 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION COUNTY

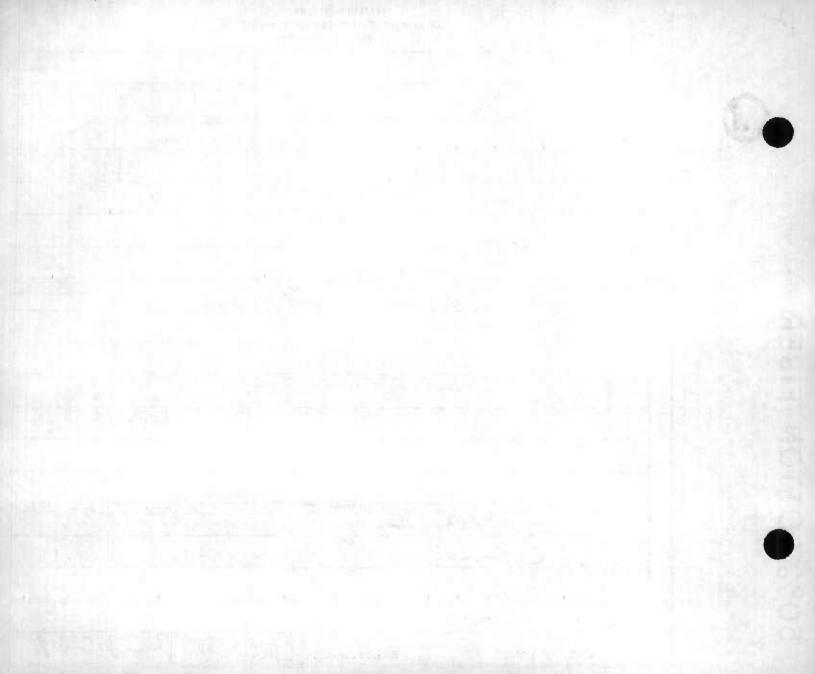
24. FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

STATE

BUSINESS OR

DHMH - 16 50M 1/76 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI WARREN SMULLEN 000 DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 24. DATE LAST BIRTHDAYS PRONOUNCED 12-9-82, 21 Male Black 61 DEAD To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Wicomico RhodesDALE, MARYLAND DIVORCED WIDOWED 0. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFES OR INDUSTRY Salisbury General Hospital Md. PLASTICS A PM 3. RETAIN REND 2 SHOULD BE VIDAL RECO toreman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Domingo Road. San Rt. I BOX 13a STATE Wicomico 13d. INSIDE CITY LIMITS? Mardela Md. 21837 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME DIVISION OF WITH MIDDLE EDMOOD MULLEN Inompsor 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. Coronary Occlusion MILIUUES IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Hypertensive Cardiovascular Disease Canditions, if any, which vears gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION MER: IT...
IGATE WRITING...
FORWARDED TO THE C...
CTOR: PAGE 3 SHOULD BE USED A...
THE STATE DEPARTMENT OF HEA!
THE STATE DEPARTMENT OF HEA! 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK execute the certificate, wrii page 4 should be forward to funeral director; page 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Vatural couses Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 12-13-82 AFTER DEATH, BALTIMORE, M Deputy SKINATURE MEDICAL EXAMINER Salisbury, Md. Earl Rover. M.D. Camden Ave.. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BUNIAL SHARPTOWN ZION UNITED METH, CENETERY WICOMICO 24. FUNERAL DIRECTOR **DHMH-17** Jolley Funeral Home, Salisbury, (VR A15 ME (5) 15M 2/80

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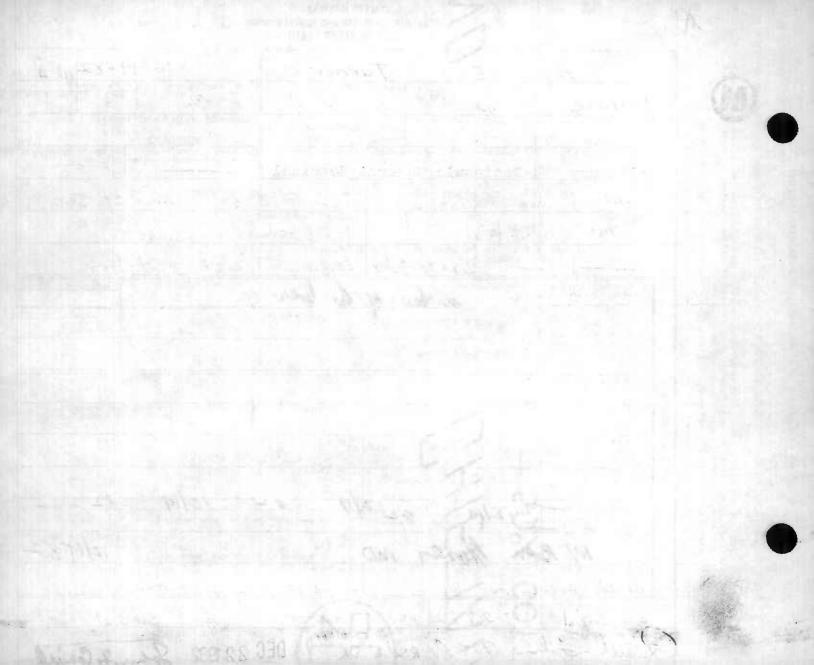
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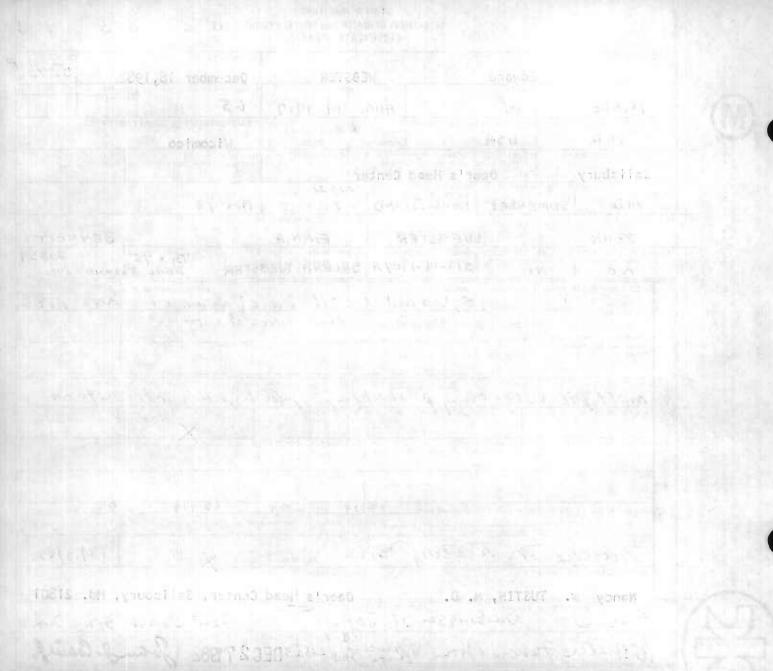
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STATE OF MARYLAND





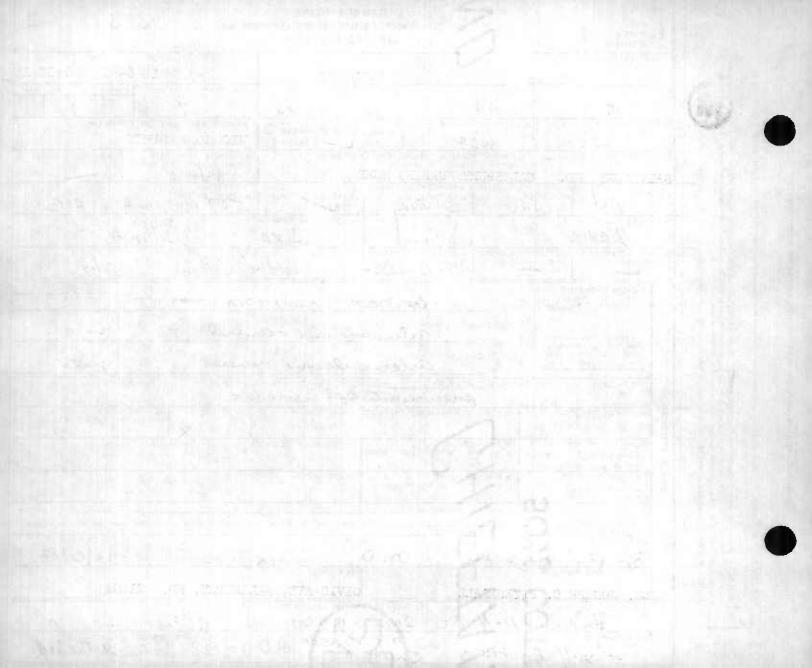
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	3 3 3	92
e €		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
may be		Alonz			LLIAMS		12-6-82	7:30 A <sub>M</sub>
A 744.48 3	3. SE	×	4. RACE	MON	OF BIRTH TH DAY YEAR O 10 95	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
eoth. Page n 72 f ond		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARR	ED NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	MD
s ofter do		ITSBURY. MD.		L, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTRACT OF MOST OF	FYORKING LIFE) INDUSTRY	OF BUSINESS OR
24 hours		AL RESIDENCE (IF NURSING HOME COTATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDE			130. STREET ADDRESS	hama	DVB_
ad within npletely ond 2 show	14. FA	THER'S NAME LEST OF THE STATE O	WIDDLE	I AST	15. MOTHER'S MAIDEN NA		Illiams	AST
e execute		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOC IVE WAR OR DATES) 218-	12-1236	17. INFORMANT Would	ADDRE WILLIAM		
th certificate by ading physicia corban papers, or removal.		PART I. DEATH WAS CAUS	inly one cause per line for (c ED BY: ATE CAUSE (a)	Courle OF	I Thromb	osis	APPRO BETWEET	OXIMATE INTERVAL N ONSET AND DEATH
that the deoth d by the attendition, a collection, a conduction, a conduction or an arrowment		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, OR AS A CO		odensis - a	general	yea	TA .
equires n signe Then p r to bur injury,	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BL	T NOT RELATED TO THE TERM	LOGE.	DITION GIVEN IN PART 1	lia.
on. hos beer reere prior ene prior ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
HYSICIAN: The ding physicio physicio bis certificate buriol-transit mental Hygie ar frem 18 sho		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MOI		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
IG PHYSICIA offending plater this certifis the burial-to ond Mental	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJUR	Y	21f. LOCATION STREET	CITY OR TO	NN COUNTY	STATE
TTENDIN pital or TOR: Af for use a of Health		220.1 certify that (I) (this hasp saw the deceased alive a	oital) attended the decease n at) view the body after dea		and that in (my) (our) apinion	, to death occurred on the da		, that (I) (we) last e causes stated
TAL OR ATTEN y the haspital AL DIRECTOR detached for u ore Dept. of H UT: If Item 21 is		22h. SIGNATURE	T posel	m	DEGREE  ATTENDING PHYSICIAN S	MEDICAL STAF		E SIGNED
OSPII ed b UNER d be the St		226 PHYSICIAN'S NAME (TYPE	OR PRINT) FITZGERALD		220. ADDRESS CIVIC AVE, SA			
Bb-	23o. E	SURIAL, CREMATION, REMOVA		23c, NAME OF 210N	CEMETERY OR CREMATORY	23d LOCATION	county which	mye
DHMH - 16 50M 4/B2	24 FU	UNERAL DIRECTOR	2 Falks	ADDRESS 725		E REC'D, BY REGISTRAR 9 - 1982		TURE



4	11-	FOR STATE REGISTRAR		MI			CERTIFICATE		TILL STATE OF THE PARTY OF THE	S REG. NO.	3 3	7	3
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PACE IS		or town		11. NAME OF HO	SPITAL, NURSING HEACHITY, GIVE STREET ADDRESS LA GENE	ome, or others)	ospital	12a USUA	OST OF WORKING	ON (TYPE OF W	OF	ND OF BURINDUSTE	SINESS
21201 AND 3 RETAIN HOULD P	USUA 13a. S	RESIDENCE Md.	13b COUN	OR OTHER INSTITUTION, O	131. CITY OR TOV Mardel	MISSION) VN R	13d. INSIDE CITY LIMITS?	Riv	et address verton	Road	d		
DEATH. DEATH. WD.	1	THER'S NAME	MAS L	MIDDLE WILL	1A SUR		15. MOTHER'S MAIL	DEN NAME	MIDDLE	Prins	E	LAST	
AALTIMO S AFTER I SINE PAGES I VISION (	16a V	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	2/2-/6-		ELAWE	NE	LSONE	DDRESS	RASLA	MI	0,
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RECORDS, 1  D RE EXECU PENDING**  MEDICAL E  TALITH AND  C CREMATIO	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE	TERMINAL DISEA	E DR CONDITION GIVEN IN I	PART 1 to			1		
# SYERTS #	CERTIFICATION	19a. DATE OF			ITION FOR WHICH C							UTOPSY?	
DIVISION OF VITAL  ATE, THIS CERTIFICATE SHOUNDER.  FORWARDED TO THE CHIEF  FOR PAGE 3 SHOULD BE USE  FOR THE SPARTMENT CHIEF  FOR THE STATE DEPARTMENT CHIEF  ND. 21201 PRIOR TO BURLAN  THE STATE OF THE CHIEF  ND. 21201 PRIOR TO BURLAN  THE STATE OF THE CHIEF  THE STATE	MEDICAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF I		M. MONTH DAY M. 12-11-TO	82	ow injury occurs Faulty k						
DIVIS THIS CER WARDED PAGE 3 S TATE DEF	WED	WHILE AT WORK	NOT WHILE D		ctory farm etc.)  n home		rton Roa				omico	, M	d. STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER BATTIMORE, MARYLAND		death result	ed from: Nortu	L /L	Accident X	SuicideA	Homicide Title (SPECIFY)  Deputy	. Undeter	Inquiry I	,	DATE 1		
TO MEE EXECUT PAGE 4 TO FUN BALTIM	230 BI	EXAMINER'S (TYPE OR PRI	NAME Ear	3b. DATE	last NAME OF	CEMETERY C	ADDRESS 409	Camde		., S	alisb		Md.
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DHMH - 17 (VR A15 ME (5))	U:	llrich	Funers	al Home	Sharpto	own, N	id. Utli	2219	186	oun			

STATE OF MARYLAND

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	١,	FOR STATE	DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2 3	3 3	9 4
291	١.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	Ĺ.	AST	28. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	11111	Rut	h E. WOOLFOR	D		12-16-	82	3:15A
	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
n		Female	White	MONTH	28 1903	79 yrs.	MONIHS DATS	HOURS MIN.
W.	7e° BI		76. CITIZEN OF WHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUNTY	OFDEATH	
56	1	TARZILA NO	USA	WIDOWE		Wicomico County		MD.
97		TY OR TO VN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)		120 USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING LIE	12b. KIND OF	F BUSINESS OR
	USU.	Lishury AL RESIDENCE (IF NURSING HOME OR	SALTSBURY NURST		ME	Keuned Our	yrva	M DW U
36	M		omica BUAN	TICO	YES NO	13. STREP ADDRESS BOX	95	
20	14. FA	CHAPLIE	MIDDLE TAYLO	^	ANNIE	ME	Mess	sick
Olipan		VAS DECEASED EVER IN U.S. AR. YES NO OF UNKNOWN) (IF YES, GIVI	MED FORCES? 166. SOCIAL SECU	1935	Kevin W. W.	an Ford.		
vent, me		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and D BY.	ادارا	Thrombox	,	APPROXIM BETWEEN O	MATE INTERVAL DISET AND DEATH
Discourage Leaves		Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	seler	oli andis io	seuler dices	Special	
5		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	E ATH BUIT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIV	/EN IN PART 1/a	
	Z	THE OTHER DIOTAL ICAIN C	CONTROL CONTRIBUTION	<u>LAIN</u> 001	TO THE TERM	INAL DISEASE OR CONDITION ON	EIT IIT AKI 110	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDIN FYING CAUSES (	
9	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. F		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2		22a I certify that (I) (this hospit	tal) attended the deceased from_		, 19	, to	19, 1	that (I) (we) lost
4	sow the deceased alive an							
		226. SIGNATURE	A .	- 1	DEGREE		22c. DATE S	SIGNED
		Japan C.	herstr	N	LD. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	160	re 82
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS			
2		DR JOSEPH C	FITZGERALD		CTVIC AVE R	m EO CATTODINO	140	21801
§ —	23a. E	DR TOSEPH C BURIAL, CREMAŢION, REMOVAL	the same of the sa	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN A Jennifer Johanna 0235 DEATH MATED 2d HOUR 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED YRS 1927 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan DIVORCED 17h KIND OF BUSINESS Student Salisbury Frederick 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Frederick Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME McAfee 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ILD BE USED AS A BURRAL - TRANSIT PERMIT WENT OF HEALTH AND MENTAL HYGIENE, TO BURRAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Pneumonia nours IMMEDIATE CAUSE (o). DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which Acute Hepatic Necrosis days gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF Acute Renal Failure, due to Overdose days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 216 TIME OF INJURY TIE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 Took overdose of acetaminophen. CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC. 1 Ocean City, Wor., Md. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 home 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection Deputy Rover, Ave., Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE Cremation 24. FUNERAL DIRECTOR Crematory Holloway Funeral Homes, Salisbury, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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